

Cultural Sensitivity in Community Living: Embracing Promising Practices

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**4th Annual Building Bridges:
An Institute on Building Culturally Sensitive Collaboration**

University of Illinois at Chicago (UIC)

Department of Disability and Human Development (DHD)
Center for Capacity Building on Minorities with Disabilities Research (CCBMDR)
Asian American Studies Program (ASAM)

Our Common Vision

“Every man, woman and child with a disability or mental disorder deserves a life in the community, with meaningful employment, education, interpersonal relationships and community participation.”

(Adapted from Federal Action Agenda, SAMHSA, 2006---which is a part of the U.S. Department of Health and Human Services, launched the Elimination of Barriers Initiative (EBI)).



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Presentation

Objectives

- **Highlight** how disability disparities among immigrants and refugees have brought cultural competency to the forefront of service delivery and policy agendas
- **Define** cultural competency, the challenges providers face, and the opportunities needed to improve outcomes
- **Assess** how culturally-informed research efforts are currently being implemented and how better practices can be incorporated
- **Introduce** cultural brokering techniques that can help bridge service gaps and improve quality-of- life outcomes

The Story of Mr. Tom:

How Inattention to Ethnicity and Language: A Systems Level Breakdown

The Background:

A Cook County public guardian filed a \$5 million suit against the Illinois director of mental health, charging that director kept a Chinese immigrant, Mr. David Tom in his 50s in custody for 27 years...



The Story of Mr. Tom cont'd

The System Breakdown

Mr. Tom was transferred to a state mental hospital where doctors could not give him a mental exam because did not speak English and they could not speak his Chinese.

Nevertheless, the doctors who examined Mr. Tom reported that he answered their questions in an “incoherent manner” and they diagnosed him as psychotic.

Although Mr. Tom was quiet and caused little trouble, he was placed in restraints to prevent him from wandering to a nearby ward that housed the only other Chinese-speaking patient.



The Story of Mr. Tom cont'd

The Suit

A federal court charged that the Illinois Department of Mental Health had never treated the patient. In fact, it was not until 25 years later, that they had found a Chinese-speaking psychologist to talk to him.

(Modified from Dr. S. Sue's presentation at UIC, 2009;
Seattle Times, "The forgotten")



PEKING — (AP) — Deputy Premier Deng Xiaoping (Teng Ho-ping) said today that American legislation establishing continuing ties with Taiwan undermined the basis for normal relations with China, a delegation from the Senate Foreign Relations Committee said.

"He was very hard on us," said committee chairman, Senator Frank Church, Idaho Democrat, after a two-hour meeting with Deng in the Great Hall of the People. "He said the inference of U.S. act was to negate the

political basis of normalization... He said the thrust of the act was support of Taiwan and inconsistent with the idea of one China."

Part of the agreement for last January's normalization of relations between China and the United States was an end to United States diplomatic relations with Taiwan. President Carter signed legislation April 10 setting up an institute to provide cultural and trade liaison with Taiwan.

"He unloaded both barrels on Taiwan," Church said.

The senators said Deng told

them the United States had no reason to fear the use of force against Taiwan. "He acknowledged that, within the next five years, China probably is not capable of using force against Taiwan," Church said.

Senator Joseph R. Biden, Jr., Delaware Democrat, asked Deng whether the Chinese would permit American listening posts on its soil to monitor Russian activity in connection with the strategic-arms-limitation treaty.

"He wasn't looking forward to it," Biden said, "but he didn't say

a flat no."

The Chinese felt, the senators said, that if the United States wanted to give China the technology and control of it, they would be prepared to share the information.

Leonard Woodcock, the United States ambassador to China, said that, despite a pause in China's economic drive and a quieting of dissent, he did not see "the pendulum swinging back to where it was."

Woodcock said he believed the Chinese leadership was united for modernization.

whom has been able to evict her or take full possession of property.

"It's because I've lived so long," explained Miss Snowden, who is 101 and has lived in the residence since 1928.

She moved there as a live-in housekeeper and companion for Mrs. Mary Jane McKinley, whose husband died in the 1930s.

When Mrs. McKinley died in 1946, her two sons included in the deed for the Sunset Beach property which that the house was Miss Snowden's to live in rent-free for the rest of her life.

Miss Snowden was 68 at the time.

The clause also specified that the owners of the house to maintain all the utilities and provide whatever was necessary to keep the place livable.

When the two sons died, their share in the house passed to their widows. One of Mrs. McKinley's daughters-in-law passed her share to a missionary society. The other share was along to Mrs. McKinley's granddaughter, Debbie Hudson.

Mrs. Hudson later bought the missionary society's share and held the deed for many years. Two years ago, she gave the house to a schoolteacher.

Miss Snowden lived alone until five years ago when her son, Mercado, now 61, moved in with her — as a housekeeper and companion.

Tacked to curtains in each room are printed notices with the proclamation: "Breathe Deep!!"

"Breathing deep is good for my health," explained Snowden. "Just another habit of mine that keeps me healthy."

"What kept me going all these years? I get up every day and exercise and I watch what I eat. I take a lot of vitamins every day."

The forgotten Chinese, lacking English, confined for 27 years

Chicago Tribune
CHICAGO — The Cook County Circuit Court guardian, Patrick T. Murphy, filed a \$5 million suit yesterday against the Illinois director of Mental Health and his predecessor, charging that they kept a Chinese immigrant in custody for 27 years mainly because the man

The federal-court suit charged that the Illinois Department of Mental Health had never treated the patient, identified only as David T., for any mental disorders and had found a Chinese-speaking psychologist to talk to him only after 25 years.

The suit said that David, who is in his 50s, was put in Oak Forest

Hospital, then known as Oak Forest Tuberculosis Hospital, in 1952.

He was transferred to a state mental hospital where doctors conceded they could not give him a mental exam because he spoke little English. But, they diagnosed him as psychotic anyway.

The suit said that in 1971 a doctor, who spoke no Chinese, said

David answered questions in an "incoherent and unintelligible manner."

It was charged also that David was quiet and caused little trouble but was placed in restraints sometimes because he would wander to a nearby ward that housed the only other Chinese-speaking patient.

'Misplaced' drunk found in cell after 18 days without food

VIENNA, Austria — (AP) — A man who was picked up April 1 after questioning about an auto accident, then put in a cell and forgotten for 18 days, was found yesterday. Doctors said his survival without food was "nearly a miracle."

The man was taken from a cell at Hoechst, in Vorarlberg Province, to an intensive-care unit at Bregeyas. He was identified as Andreas Mihavecs, a resident of Bregeyas.

It was reported that the Hoechst police had been investigating two auto accidents at the same time and asked police from another station to help them. The second police team arrested the driver of one car and Mihavecs,

his passenger. Mihavecs, who was drunk, was put in a cell to sleep it off. The officers released the driver after questioning him and returned to their own station without telling the resident officers about Mihavecs.

Joan Kennedy lives apart in Boston



Joan Kennedy
Working on her

Joan Kennedy says that she is not "enthralled" by the prospect of becoming First Lady, and she is not certain she would be at Edward Kennedy's side if her husband became President.

"I probably will be," she said, "but I certainly won't be if I don't want to."

Today in The Times

Business



Sports

The season's largest crowd, 26,862, in the Kingdome saw the Seattle Sonics pull out a 108-103

What is the root cause of such system breakdowns?



How can they work together
if they don't learn together?

Today's Talk: Where We Are Heading

Part 1: Disability Disparity

Part 2: Defining Cultural Competency

Case Study #2: Story of Justine

Part 3: Introducing a Cultural Brokering Framework

Part 4: Model Spotlights

Case Story #3: Story of Mr. Kochi

End of Keynote and Breakout Sessions

The Question that Everyone Asks: “What Do You Mean By Disability?”

- Disability has many different meanings across BOTH disability systems and multicultural communities
- Translating words about disability from English to other languages can create communication breakdowns and even tragic outcomes.

Example of How Language and Disability Can Clash:

- The Hmong of Southeast Asian region, have no word for cancer, or even the concept of the disease.
- “We’re going to put a fire in you” is how one inexperienced interpreter tried to explain radiation treatment to a Hmong patient. The patient refused treatment. (Morse, 2003, p. 1)
- In Chinese, the term for disability means “useless.” (ADOPT Fieldwork, 2013)
- Other Asian languages do not have words for developmental disabilities or for other types of disabilities. (ADOPT Fieldwork, 2013)

Why Cultural Competency Matters

Many studies highlight disparities and poorer quality-of-life outcomes for immigrants, refugee, and minority with disabilities (Hasnain, 2012, Thomas et al. 2002; Brach et al., 2000)

Persistent problems highlighted in previous studies:

- Limited awareness and access to disability/rehabilitation services
- Difficulty receiving culturally and linguistically competent services
- A need for greater self-advocacy and self-management of disability

We still need to understand the on-going disability disparity issues and proactively intervene...

Research Has Documented the Problem of Cultural Disparity Issues in Many Ways

Disability Reports (1999-2013)



- Immigrants, refugees, and minorities with disabilities overrepresented in the disability community, but are significantly under-served by various systems
- Society continues to have a limited understanding of the needs **and assets** of culturally diverse people with disabilities due to cultural stigma and misperceptions
- Public program and policies for Americans with disabilities have improved, particularly for minorities, but traditionally have not included the voices of disabled immigrants and refugees

To shift this picture, our research in Boston and Chicago has focused on partnering with disabled refugee and immigrants to improve service and outcomes

The On-going Disability Disparity Challenge

As a group, minority/immigrant persons with disabilities and their families and communities:

- have fewer “accessible” resources or opportunities
- have less knowledge and understanding of externally available resources
- are less aware of their rights (such as ADA knowledge or other civil rights/human rights laws and policies)
- have less or limited access to disability management resources and support
- have lower participation or retention rates in disability programs
- “at risk” for poorer outcomes**

(National Council on Disability, 1993,1997 1999, 2000, 2003, 2006, 2007)



Other Disparity Research Findings: Impact on Wide Range of Disability Types

Depression

- Minorities are at a substantially higher risk for depressive symptoms after spinal cord injury
- Minorities wait until symptoms become far worse and use inpatient services disproportionately (Krause et al., 2000)

Developmental Disability

- Racial and ethnic difference found among children diagnosed with autism in use of care and procedures. Possible explanations for these findings include differences in presentation, referral rates, or referral follow through (Fingeret, 2013)

Traumatic Brain Injury

- Minorities had significantly reduced long-term functional outcome after rehabilitation for traumatic brain injury (TBI) relative to Whites
- There are significant racial and ethnic disparities in emergency department care for mild TBI

Mobility Impairments

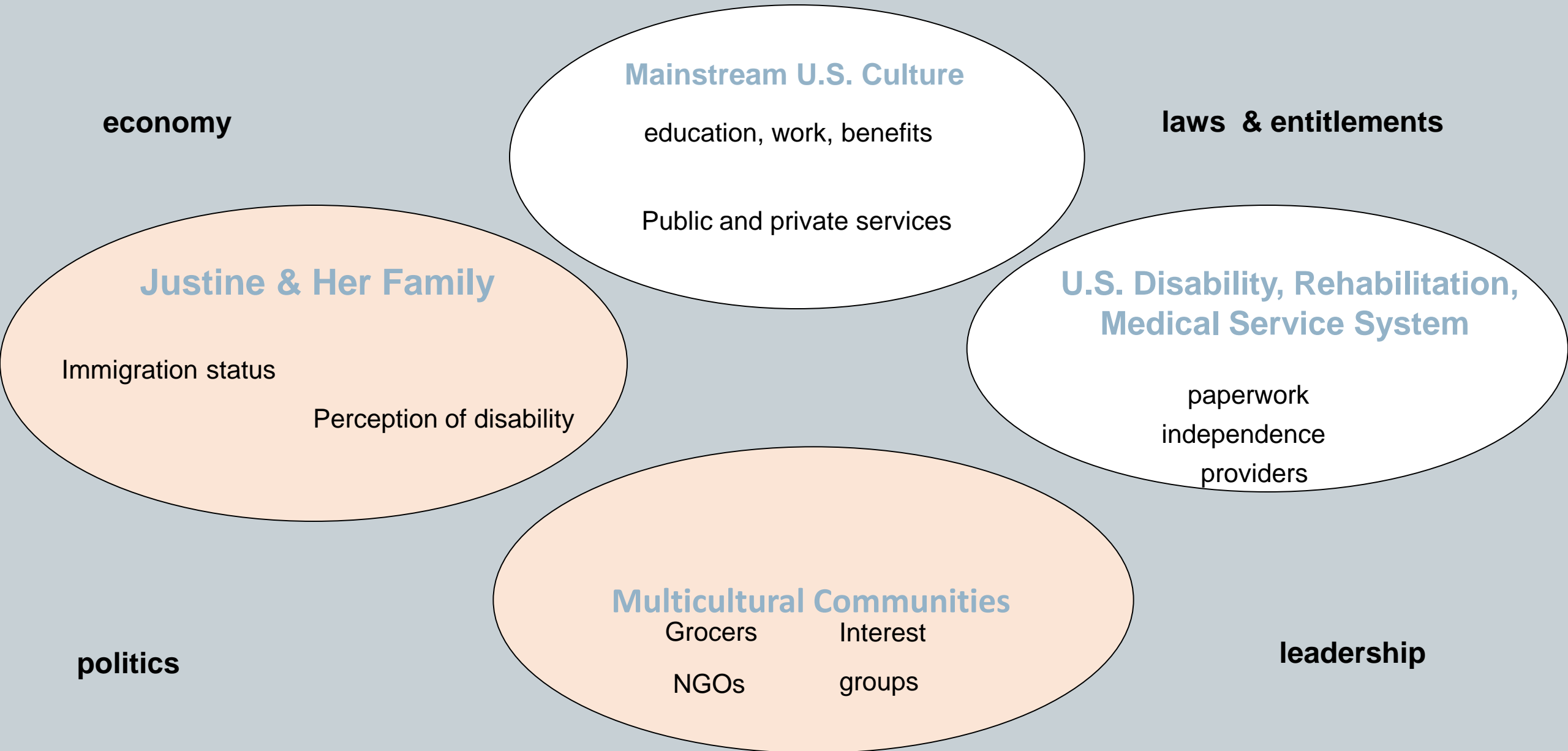
- Persons with both mobility limitations and minority status experience greater health disparities. (Krause et al., 2004; Jones et, 2008)

When Cultures Conflict: The Story of Justine

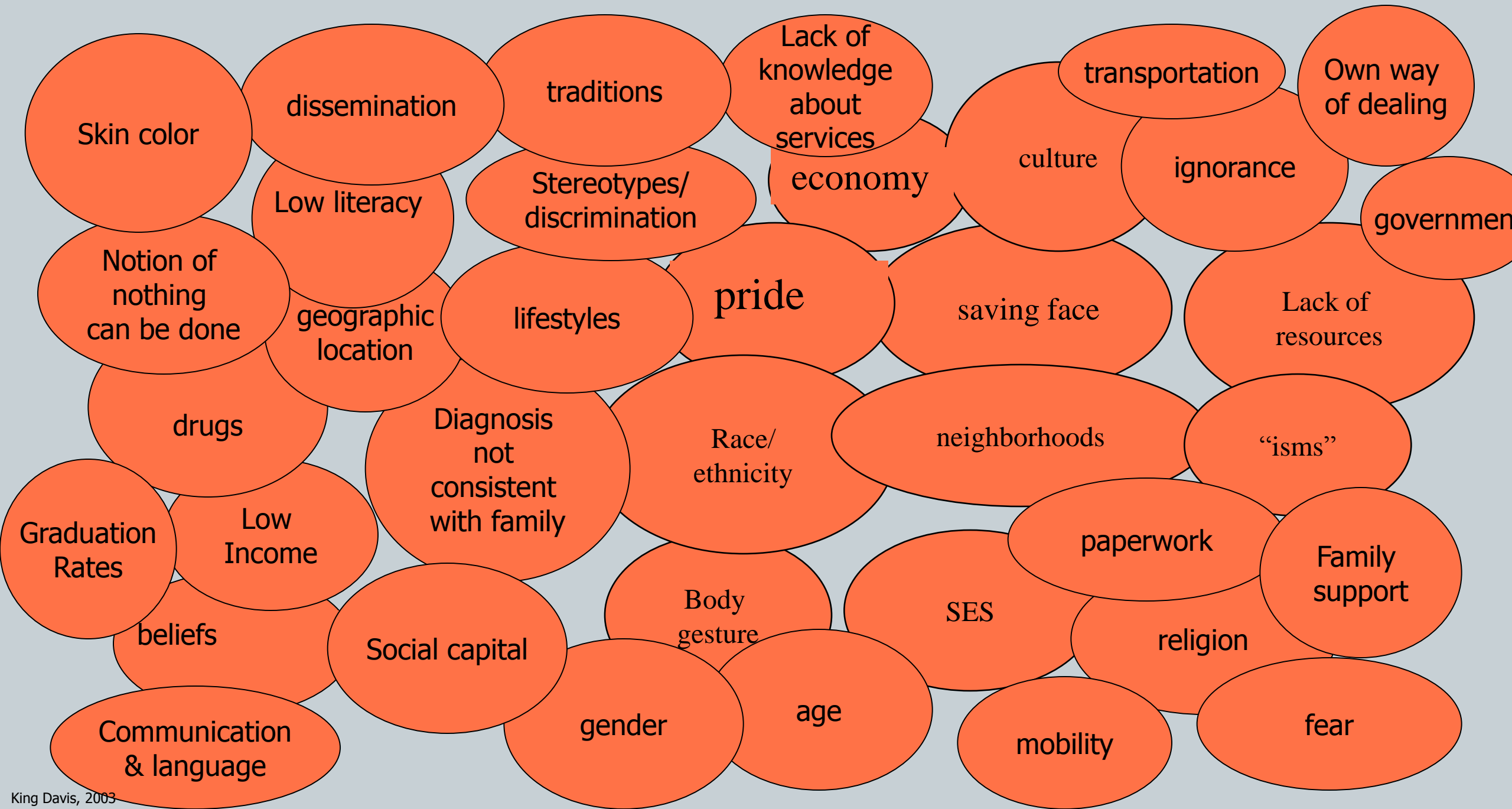


What cultural factors impacted Justine's story?

The Playing Field: A Disconnect of Many Cultural Systems that We Need to Bridge



Justice's Story: Some of Many Factors that Can Influence Outcomes



The Roots of Disparities... and Opportunities For Intervention

Individual/Family

- Refusal or lack of follow-through with rehabilitation due to mistrust and fear
- Denial of disability

Community

- Bias and stigma about disability

Organizational-Provider

- Beliefs/stereotypes about behavior or disability of clients

System

- Use of jargon, cumbersome paperwork, requirement to disclose disability
- Lack of cultural and linguistic competency and supports

Bottom Line: *All of these factors can lead to worse outcomes and reduced quality of life for people with disabilities, as well create opportunities for intervention*

Risk Factor or Protective Factor?

Multiple Influences Are Situation Dependent

Potential Protective Factors?

- **Role of Grandmother**
- Respect and care for elderly
- Links to a temple and spiritual leaders

**A Potential Points of
Conflict in Behaviors &
Outcomes**

Potential Risk Factors?

- **Role of Grandmother**
- Ethnicity/Race
- SES
- Community pressures
- Stigma of disability/illness
- Lack of awareness
- Use of jargon

Challenges to Our Work

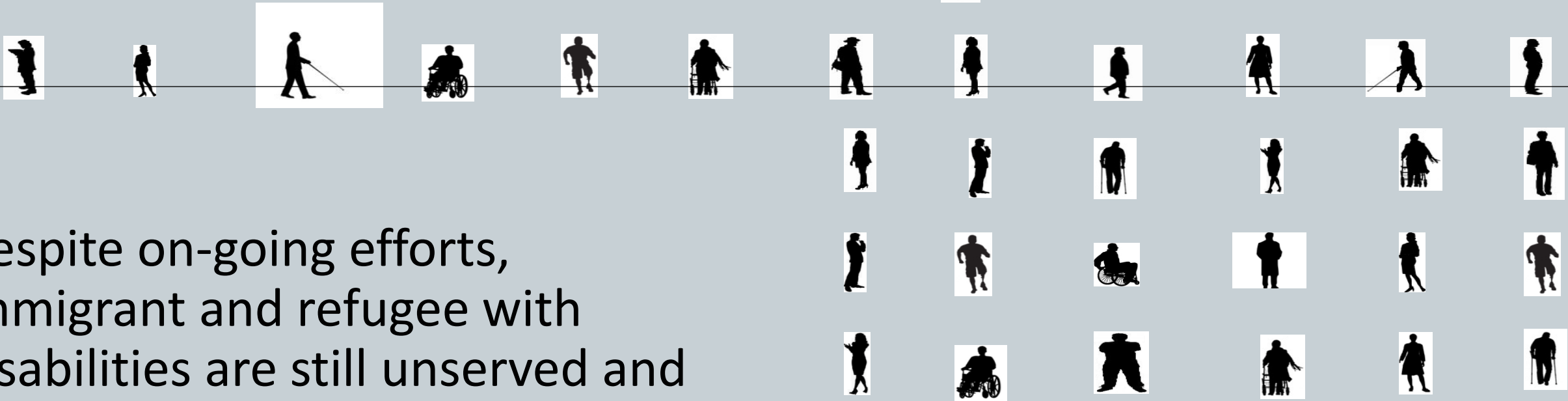
Some of the negative forces that many immigrant/refugee families and communities regarding disability:

- Stigma
- Cultural taboo
- Stereotypes
- Cultural/family silencing
- Lack of voice and the need for storytelling



Cultural Competency Needs to Play a Bigger Role

Although steps have been made to bring cultural competency into the disability sector, much more needs to be done



Despite on-going efforts, immigrant and refugee with disabilities are still unserved and underserved

So, What Is Cultural Competency (CC)?

Commonly defined as having the:

- Awareness, knowledge, and skills to work effectively with diverse populations
- Ability to adapt institutional policies and professional practices to meet the unique needs of client populations

In practice, cultural competency is a mechanism that can:

- Improve quality of service and outcomes for people with disabilities from diverse backgrounds
- Reduce disability disparities in the context of racial, ethnic, and linguistic differences



What Has Not Worked...

And Continues Not Work...

Factors That Have Limited to Previous Work:

- No universally accepted definition of cultural competency
- Too much research has focused on theoretical and conceptual models, not practical applications
- Although guidelines and standards have been developed(e.g., CLAS; Office of Minority Health, 2001), they have not been widely applied in the disability field
- Most studies focus on provider outcomes, rather than client outcomes

***Bottom Line:* Many factors have made it difficult for disability providers and researchers to put cultural competency to into practical use.** (Hasnain, 2012; Price and et al., 2005; Geron, 2002)

Lack of Best Practices:

One of the Biggest Hurdles Facing Disability Professionals Today

“We are increasingly frustrated by the fact that we know a lot about what kinds of disparities there are in organizations... but we know nothing about how to reduce them.”

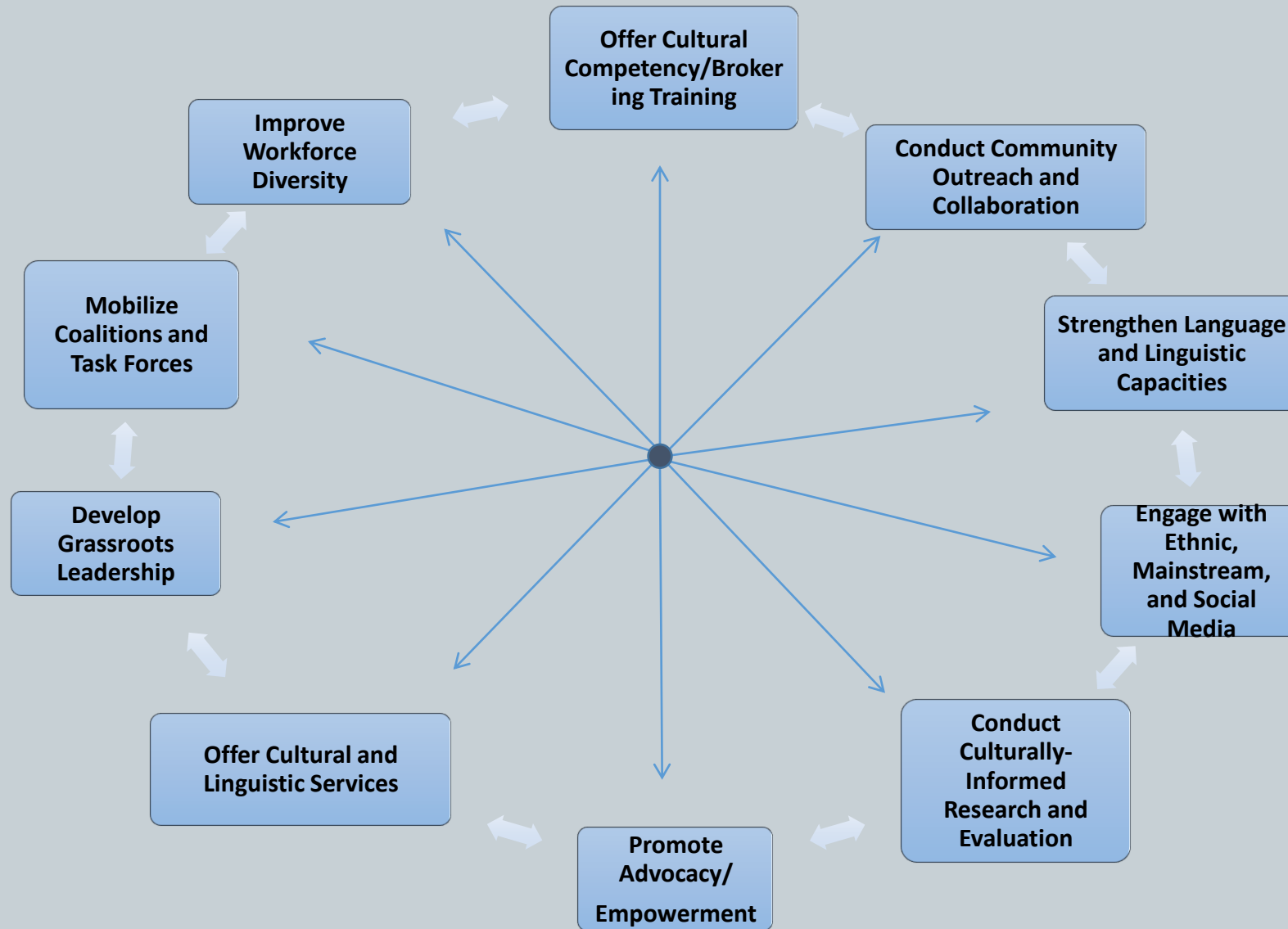
(Kalev, 2010)

Where are We Today
What Isn't
Working?...

What Is Working?



Ten Strategies Now Being Used to Improve Cultural Competency Fieldwork



Project Spotlights....

What cultural competency strategies can we use to reduce disparity and improve outcomes for individuals with disabilities?

Strategy #1

Offer Cultural Competency/Brokering Training

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The Birth of Cultural Brokering

The Rationale:

Widespread evidence indicates that cultural competency training improves knowledge, attitudes, and skills of service providers...

(Koehn & Swick, 2006; Beach, 2005; Moffat, 2004; Taylor-Ritzler et al, 2010)

The Problem:

Most trainings have only focus on educating providers about cultural diversity without providing tools needed to practice actually improve client outcomes

The Need:

Disability professionals need to improve their service delivery based on a better awareness of multicultural issues...otherwise known as cultural brokering

DEFINING CULTURAL BROKERING...

“An act of bridging, linking, or mediating among groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.”

(Jezewski, 1990)

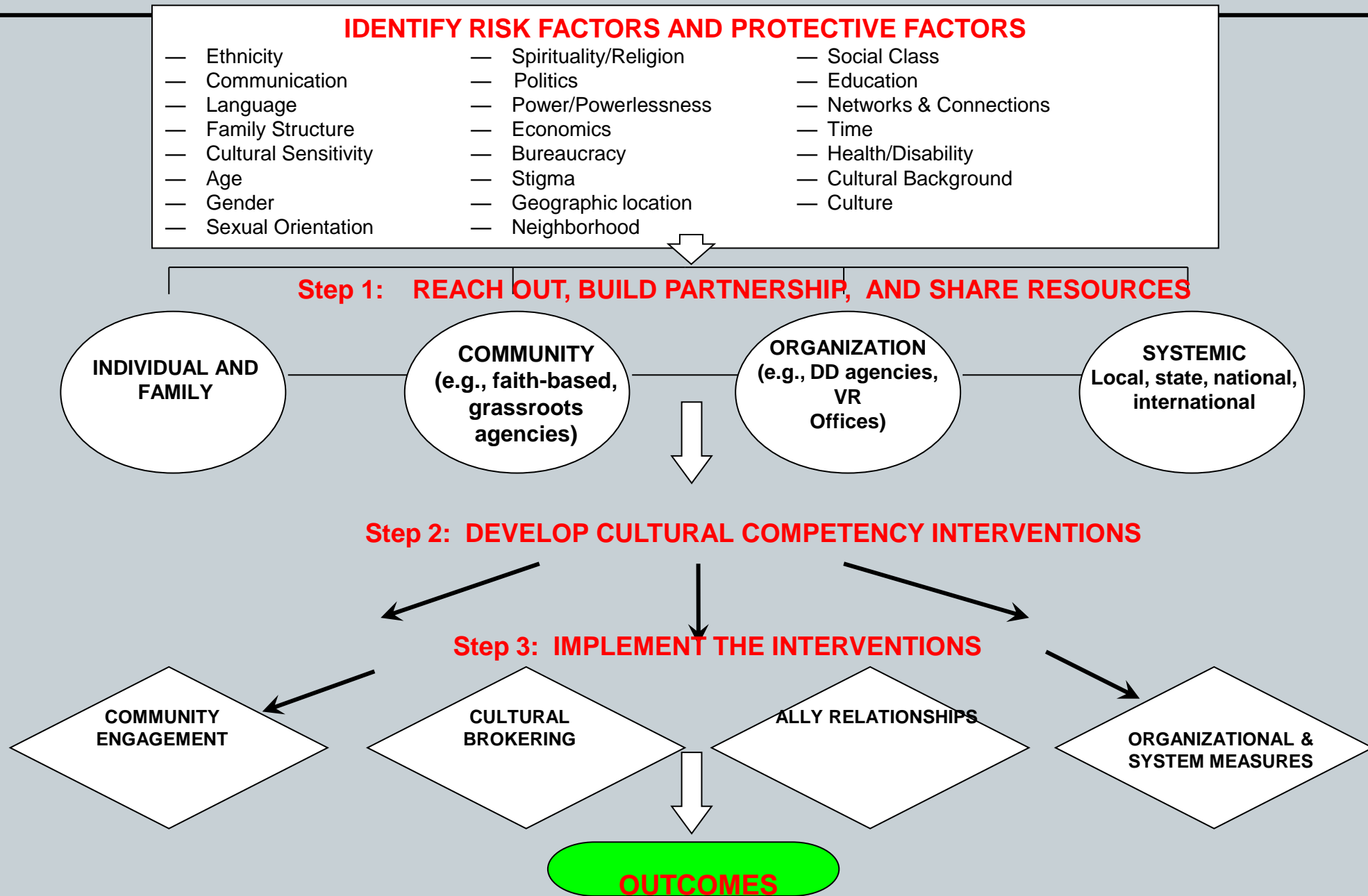
Four Key Principles of Cultural Brokering

- **Relationship-centered:** supports collaborative service delivery and fosters cross relationships among customers families, communities, organizations, and systems
- **Targets capacity building and systems change:** focuses on recognized and demonstrated gaps in access to disability services
- **Culturally and linguistically appropriate:** strategies and service delivery are tailored to the unique needs of diverse clients
- **Community-based, participatory, and collaborative:** promotes open discussions that encourage input of key stakeholders from all sectors.

**How do We Achieve
Cultural**

Brokering?

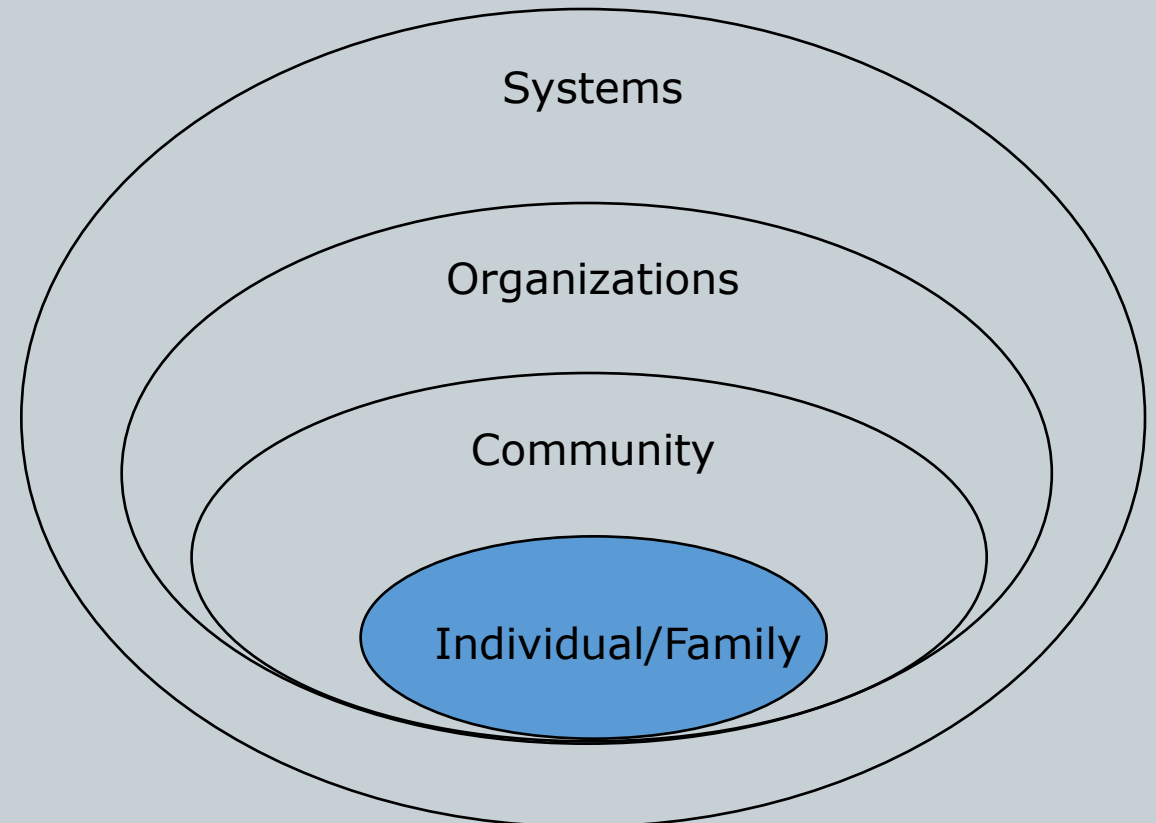
Multi-Level Approach to Cultural Brokering



Taking a Holistic and Strategic Approach to Cultural Brokering

The Complexity and Role of the Socio-Ecological Framework:

- The focus begins with the individual with a disability at the core, influenced by the three overlapping networks
- Every individual is influenced by multiple and unique risk and protective factors, including: cultural, institutional, structural, economic, political and attitudinal.
- **Key Point:** Because of these many variables and overlapping connections, no single factor, or combination, can explain why some people with disabilities have better outcomes than others



What level of cultural brokering are you working in or would like to work in?

*Adapted from Bronfenbrenner (1977)

Some Key Benefits of

Cultural Brokering

- Improves Service Access and Use
- Improves Opportunity in Different Life Areas
- Better Client-Provider Communication
- Better Client Adherence & Follow Through

Bottom Line:

Produces better quality-of-life outcomes and therefore reduces disparities....

A Cultural Broker Is:

**“A go-between, one who
advocates on behalf of another
individual or group”**

(Jezewski & Sotnik, 2005)

Your Many Roles As a

Cultural Broker

- Liaison
- Cultural guide or informer
- Mediator
- Change agent
- Advocate
- Team player
- Risk-taker
- Interpreter/translator

... AND the ability to assume multiple roles with various people, communities, and systems

...and as

Cultural Navigator

- More than a cultural broker, you act as a navigator for individuals and families to help them identify local resources/services and solutions



- You must also navigate within and across various levels (client, provider, organizational, and systematic)

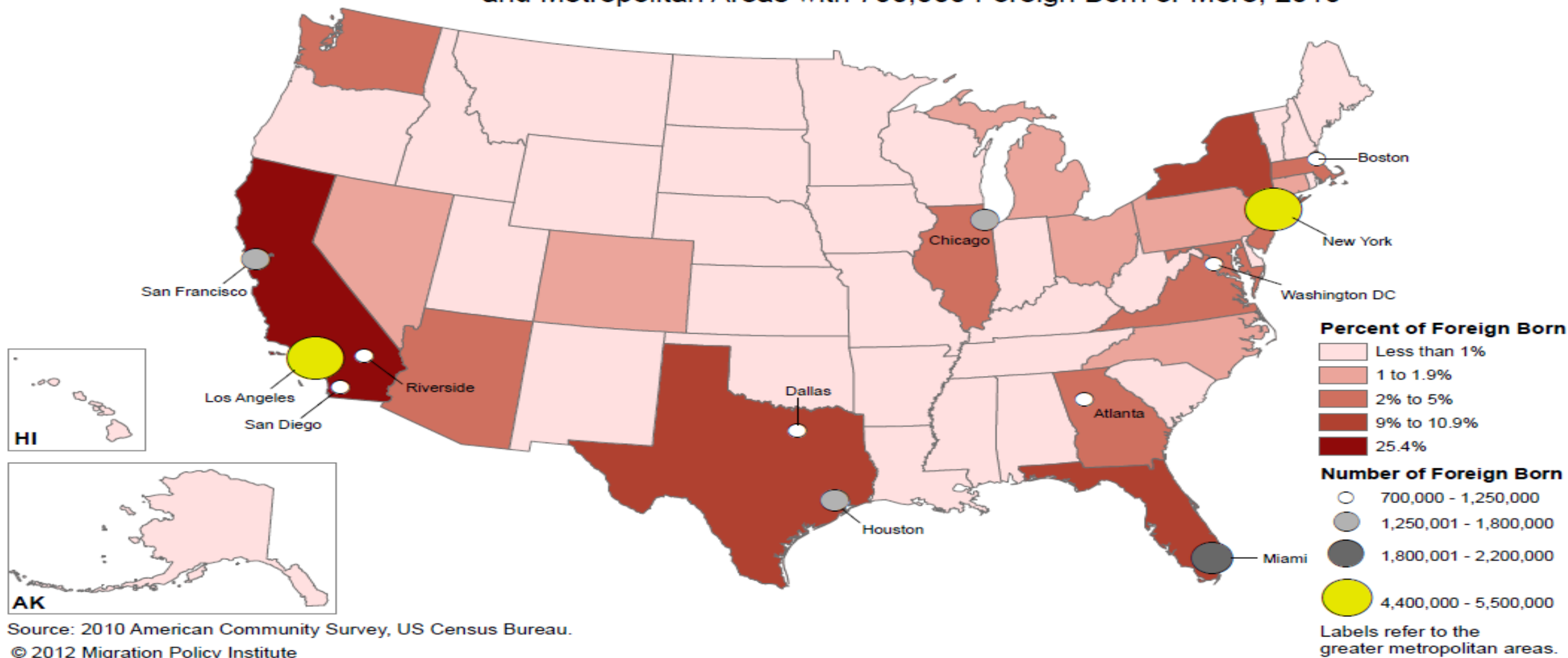
Strategy #2

**Conduct Outreach and
Community Engagement**

Laying the Groundwork for Outreach:

Shifting our Focus from Disparity to Asset-Based Research and Advocacy

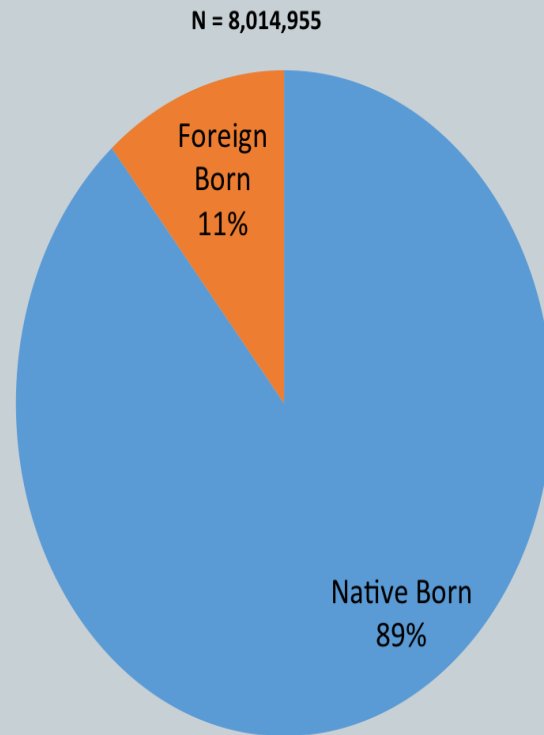
State Proportion of the Foreign-Born Population in the United States and Metropolitan Areas with 700,000 Foreign Born or More, 2010



Source: 2010 American Community Survey, US Census Bureau.

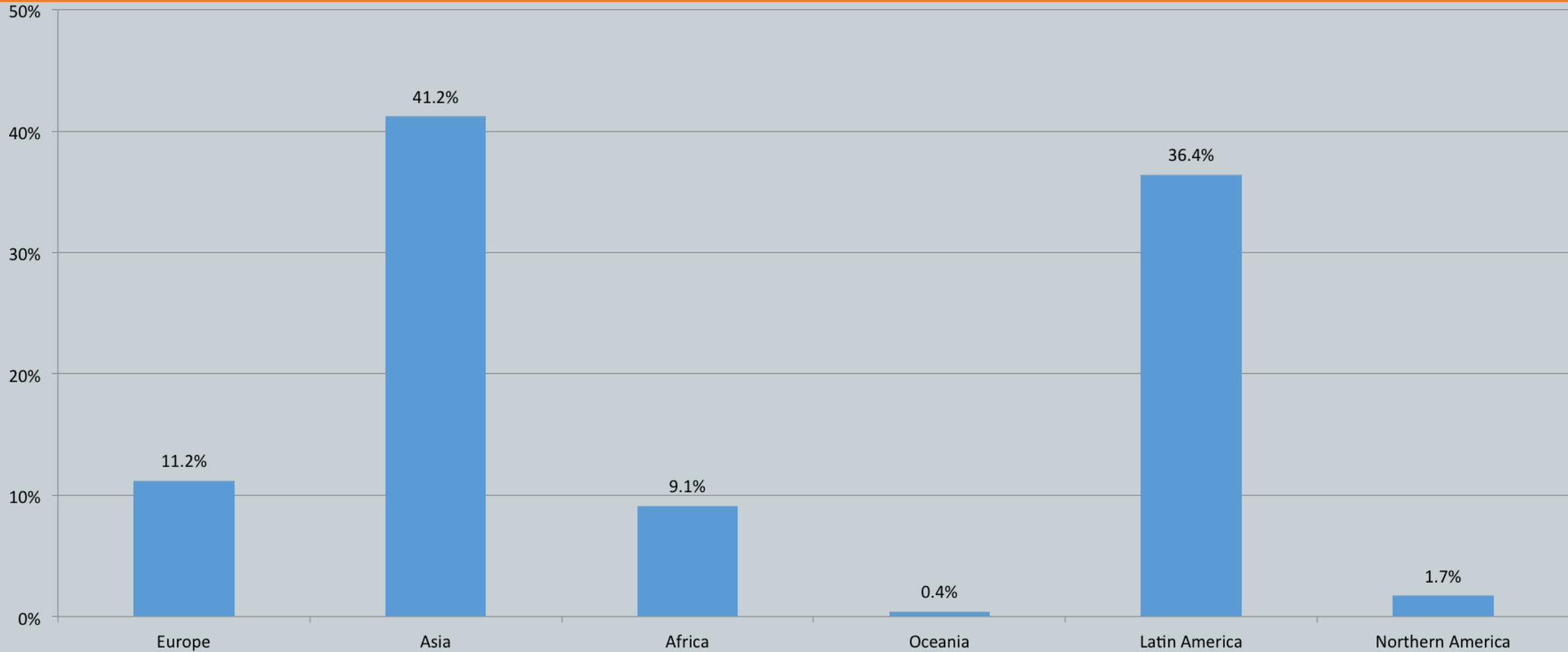
© 2012 Migration Policy Institute

Population by Nativity in VA 2008-2012



Where Foreign Born People in VA Are Coming From

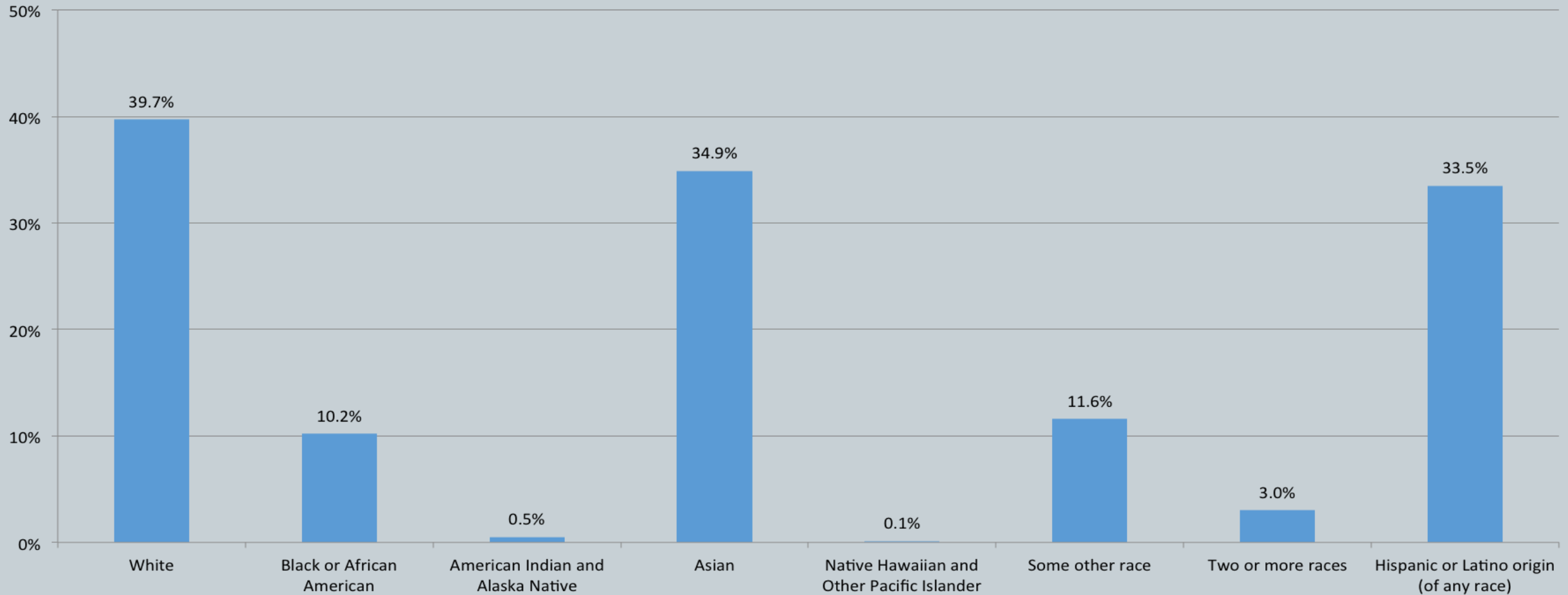
2008-2012



N = 893,165

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Foreign-Born Populations in VA by Race & Ethnicity 2008-2012



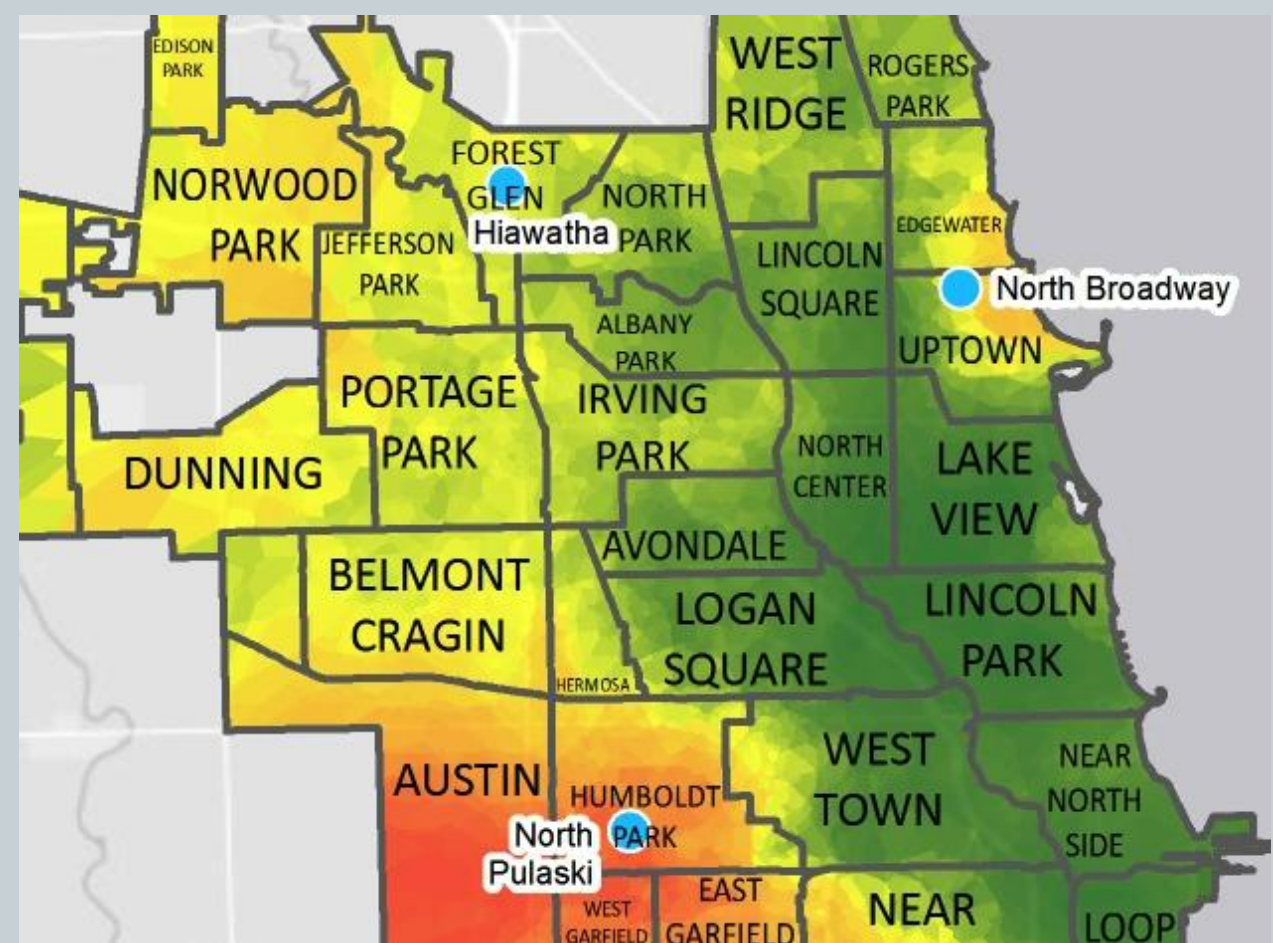
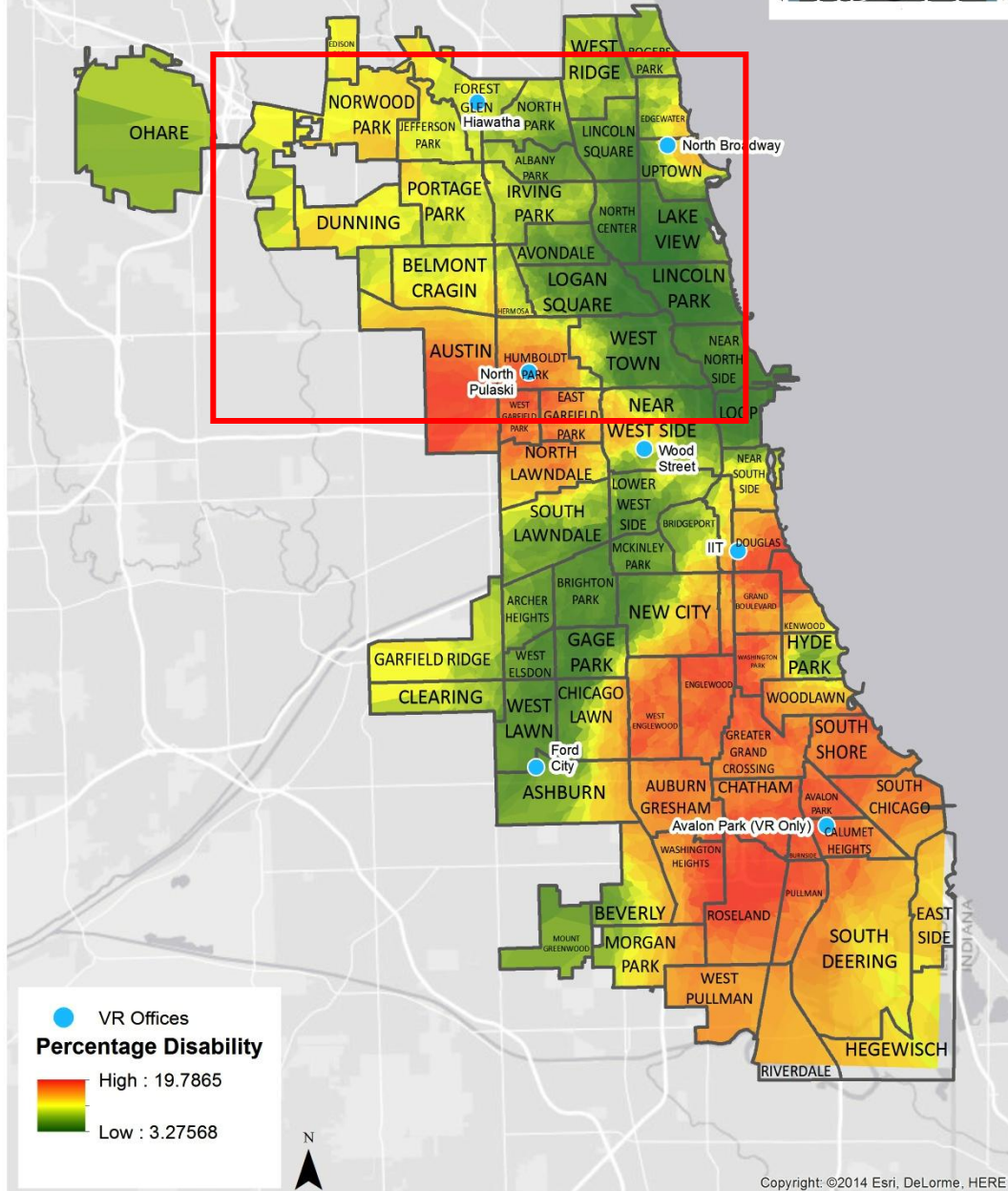
N = 893,177

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Disability by Race & Ethnicity in the U.S.

Race/Ethnicity	Percent of Total Population	Percent with a Disability	Percentage with a Disability (65 and older)
European American	74.34%	12.40%	35.87%
Hispanic/Latino American	16.39%	8.30%	41.30%
African American	12.33%	13.70%	43.43%
Asian American	4.86%	6.40%	32.23%
American Indian and Alaskan Native	0.81%	16%	51.12%
Native Hawaiian and other Pacific Islander	0.16%	9.40%	41.71%
TOTAL: Source: ACS 2012 5-year estimates		11.03%	40.94%

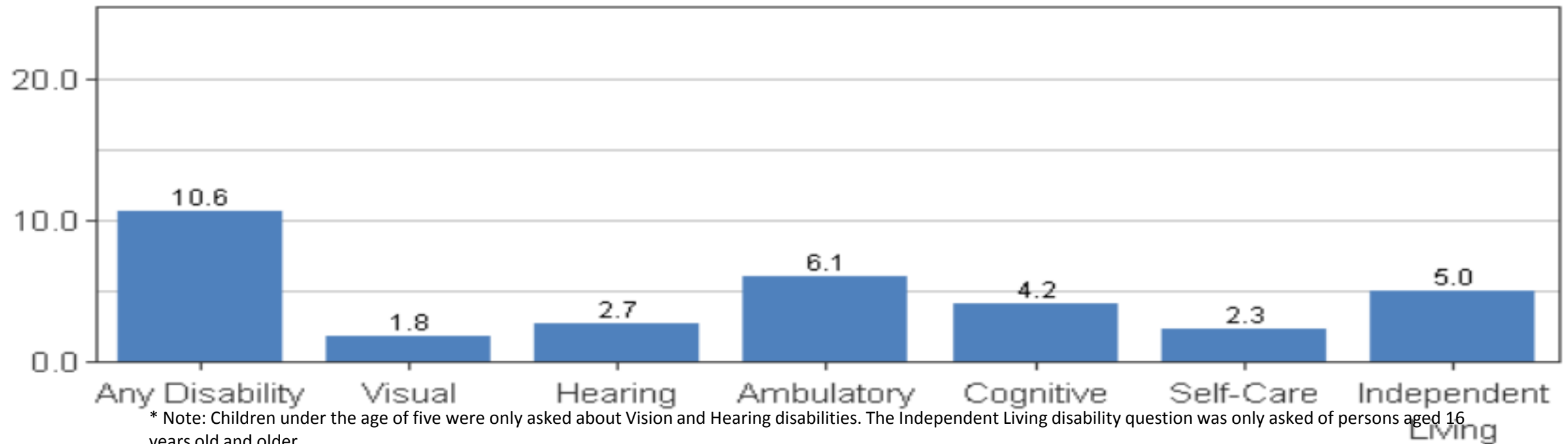
Percentage of Disability Within Chicago Neighborhoods



Types of Disability in Virginia

Prevalence of disability among non-institutionalized people of all ages in Virginia in 2012*

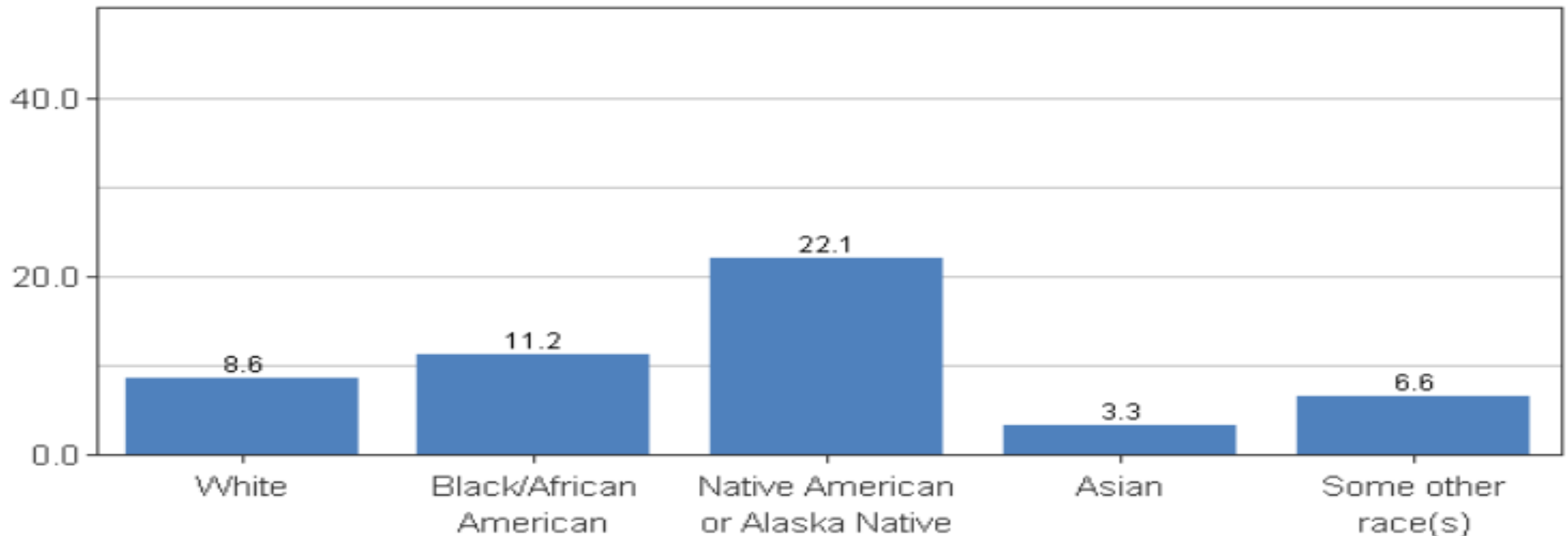
Prevalence Rates: All Ages (%)



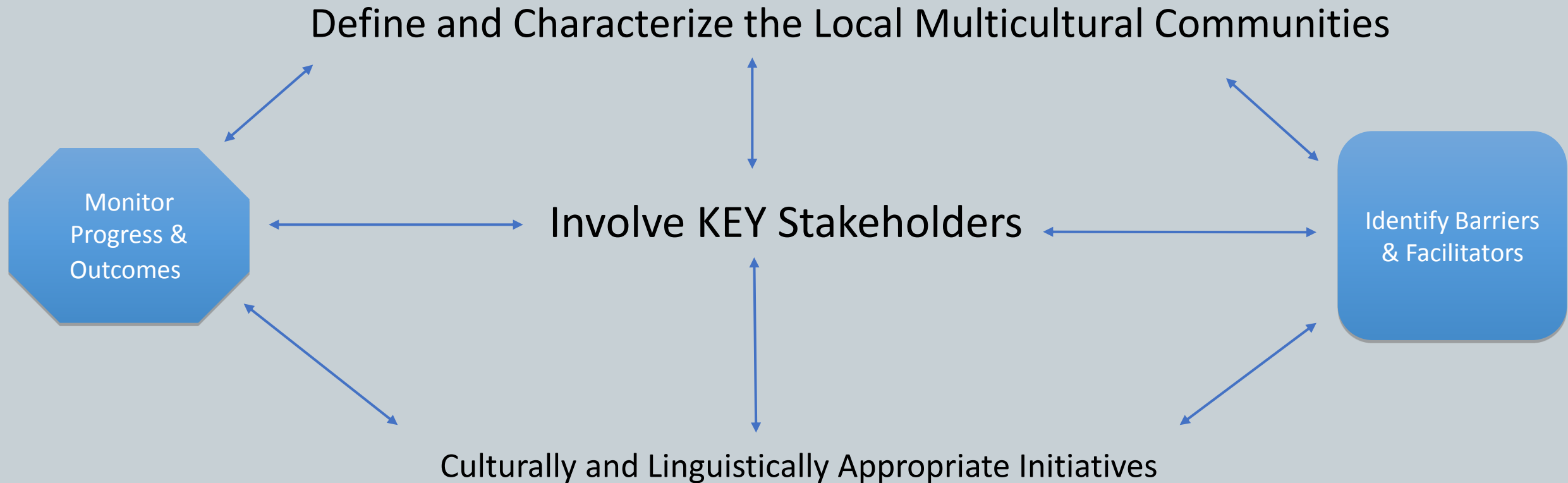
Disability By Race in Virginia Statistics

Prevalence of disability among non-institutionalized working-age people (ages 21 to 64) by race in Virginia in 2012

Prevalence Rates: Race (%)



Developing an Action-Oriented Outreach Model





What is Meant by Community Engagement?

Community engagement describes collaboration between institutions of higher education and their larger communities for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.



The BENEFIT of community engagement is forging partnerships with key foreign-born stakeholders, champions, and groups to address....



What kinds of groups or **COMMUNITY** organizations do you wish to partner with as a means to diversify your outreach?



Goals

- Build **trust** with **non-traditional** organizations and groups
- Enlist new **resources** and **allies**
- Create better **communication**
- Improve access to opportunities
- Develop and evolve successful projects into **lasting collaborations**



(CDC, 1997; Shore, 2006; Wallerstein, 2002)

What is the Impact of Our Outreach and



It has helped organizations to:

- Mobilize resources and **influence** systems
- **Promote** new relationships among previously disconnected individuals and families
- Serve as **catalysts** for **changing** programs, practices, and policies

The Importance of Expanding Your Outreach

- Universities/Colleges
- Advocacy Groups
- Hospitals
- Disability Agencies
- State Agencies/Ministries
- Community-based Organizations (CBOs)
- Schools
- Faith-based organizations (FBOs)
- Media
- Businesses, Restaurants, Hair Salons
- Government

Willingness to Engage with Different Institutions, Disciplines, and Departments:

- Humanities
- Psychology, Counseling, Social Work
- Nursing
- Public Health
- Occupational Therapy/Physical Therapy
- Medicine
- Political Science
- Business
- Marketing and Communications
- Law, Education, and Architecture
- Journalism, Theater, Music and Arts
- Computer Science and Engineering

How To Begin:

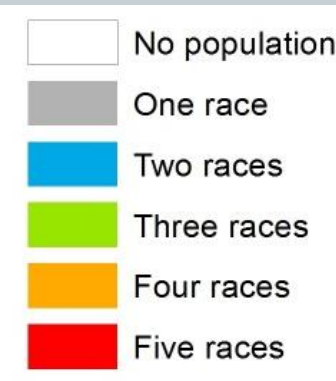
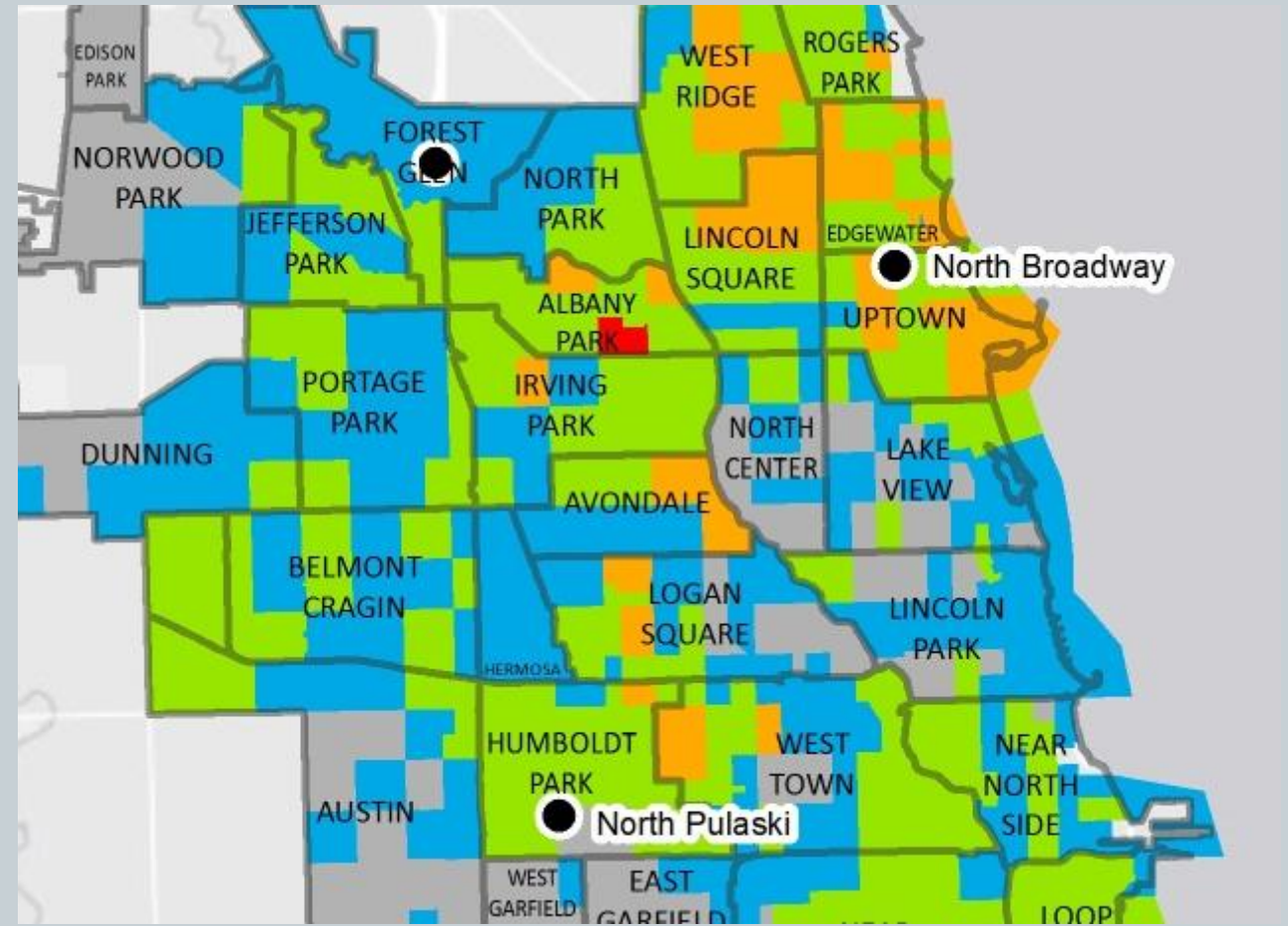
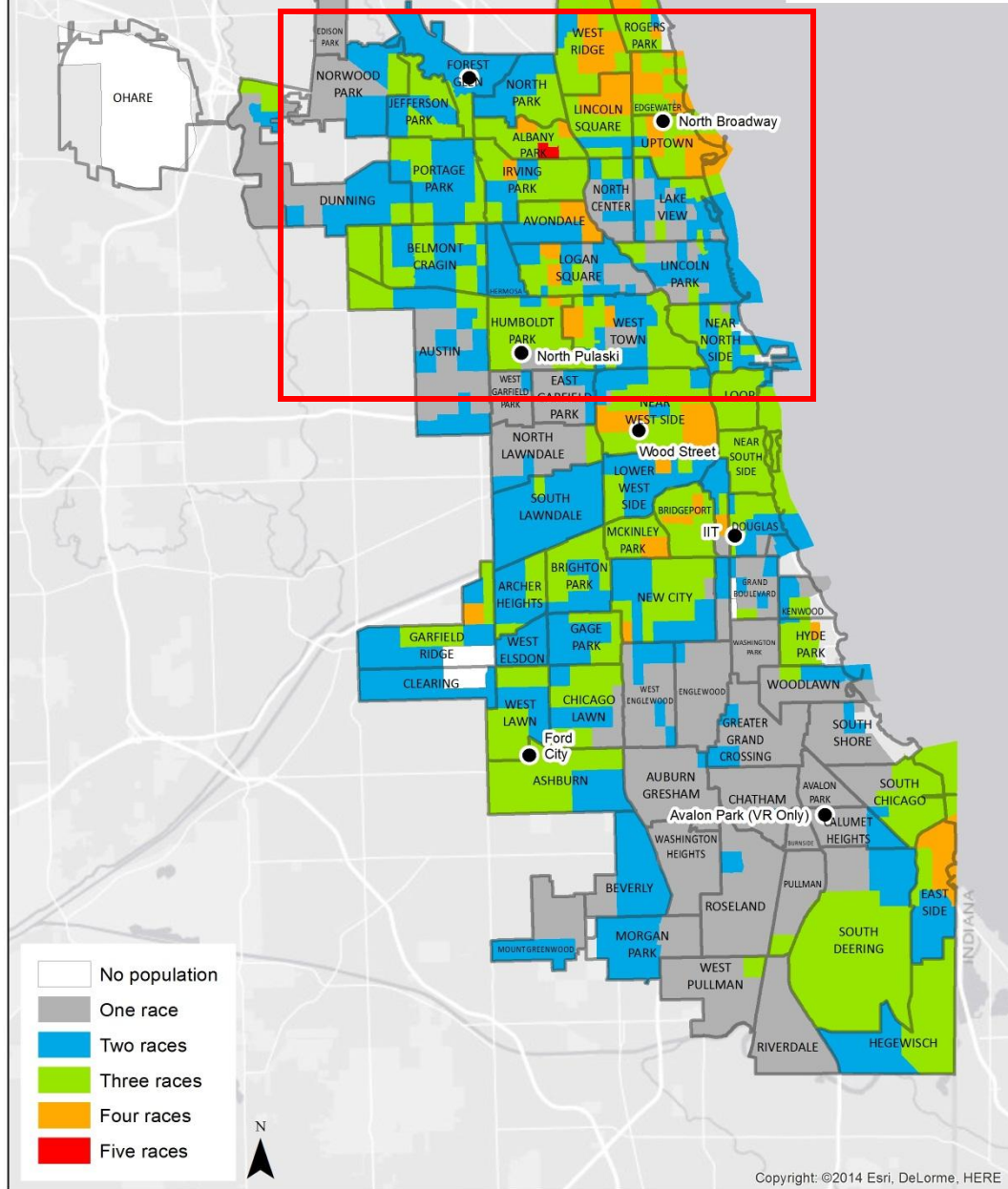
Three Simple Steps to Developing and Implementing an Outreach Action Plan

Conduct an asset-based assessment to determine:

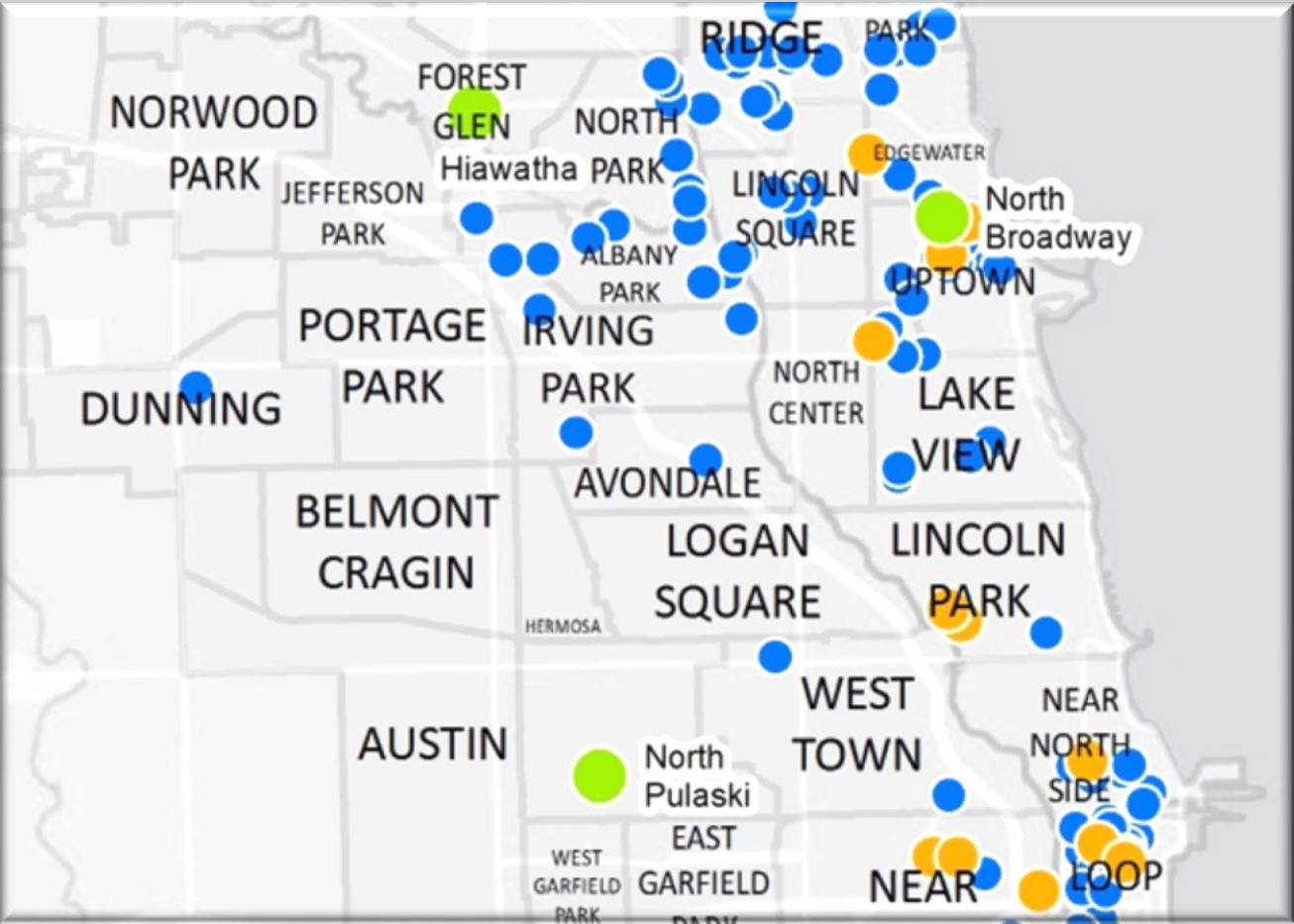
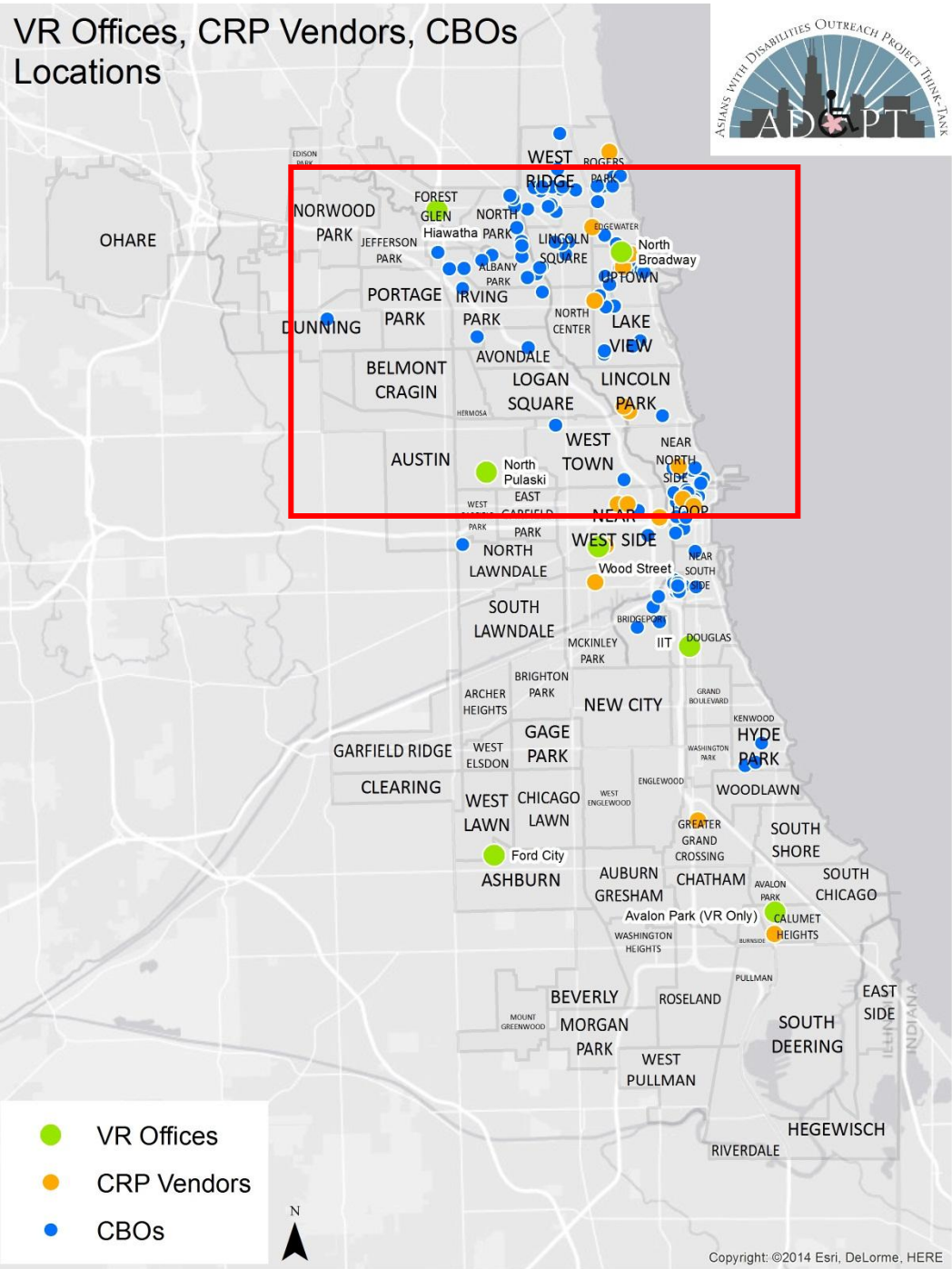
- prevailing needs, attitudes, demographics
 - media environment
 - barriers and opportunities facing different groups
-
- Identify key champions and partners/stakeholders, including immigrants and refugees with disabilities, and form action-directed task forces
-
- Evaluate the effectiveness of the strategies and refine

ASSET MAPS HIGHLIGHTING RACIAL AND LINGUISTIC DIVERSITY IN COOK COUNTY

Race and Ethnicity Diversity In Chicago Neighborhoods

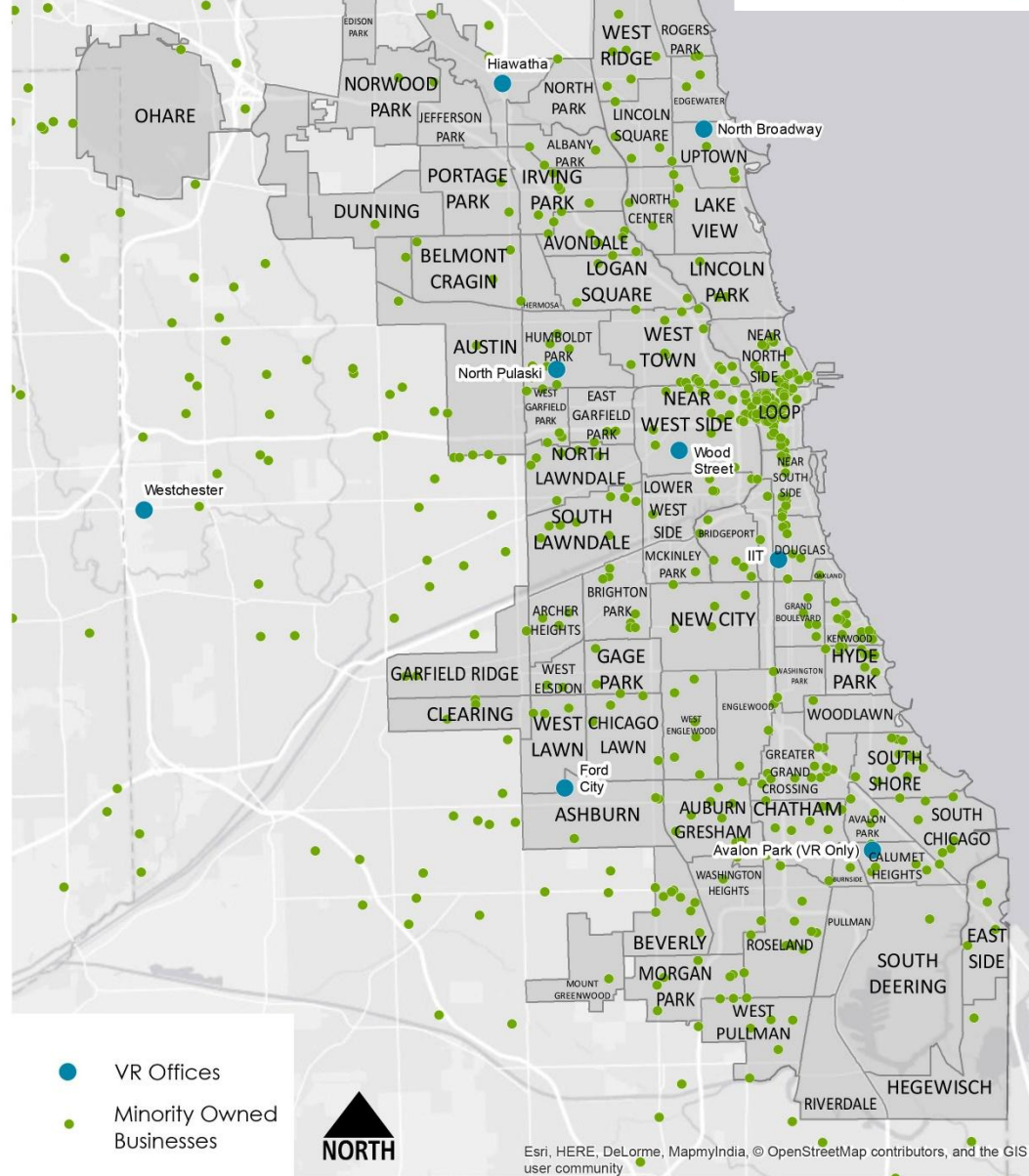


VR Offices, CRP Vendors, CBOs
Locations

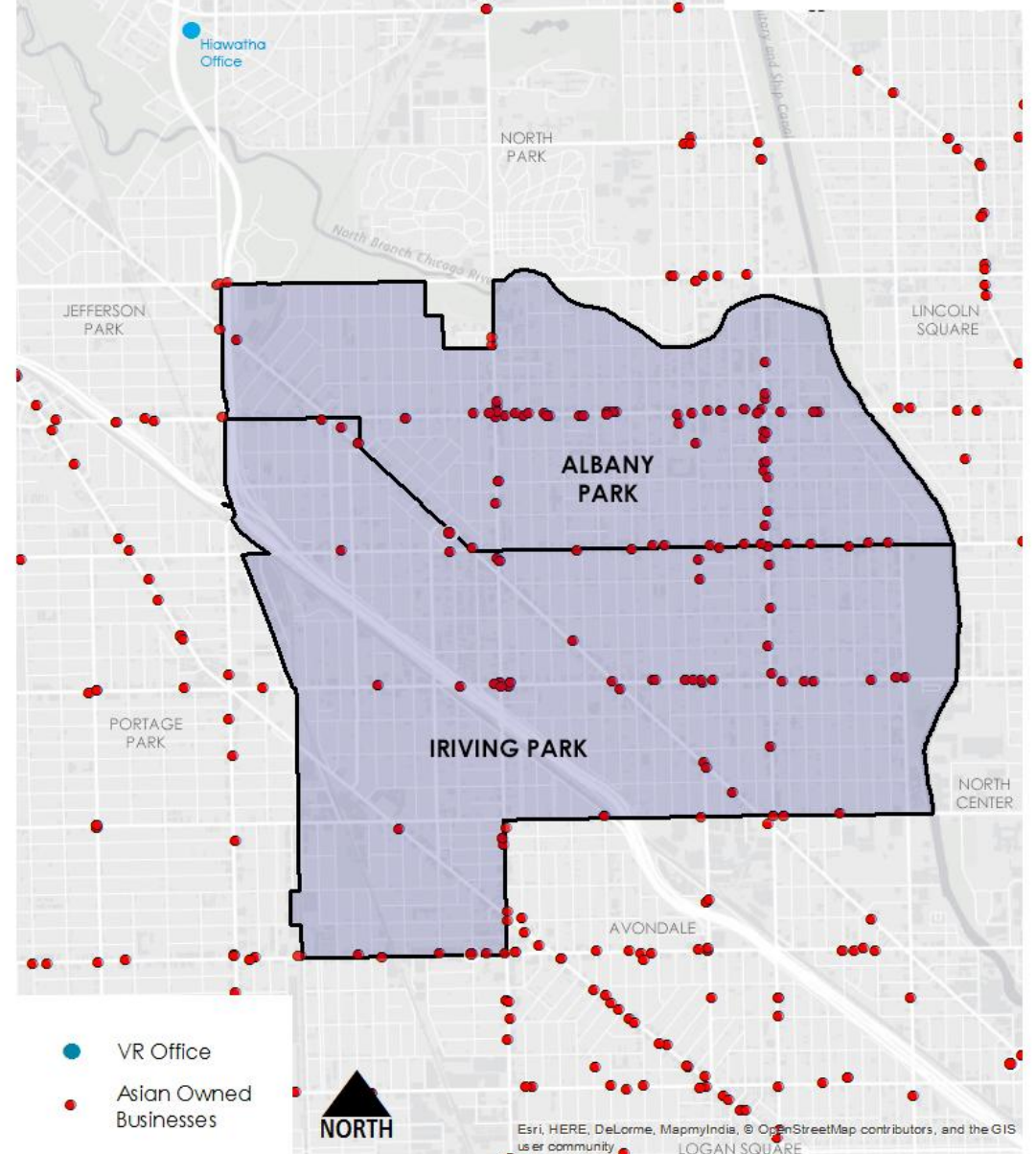


- VR Offices
- CRP Vendors
- CBOs

Minority Owned Businesses In Chicago Neighborhoods

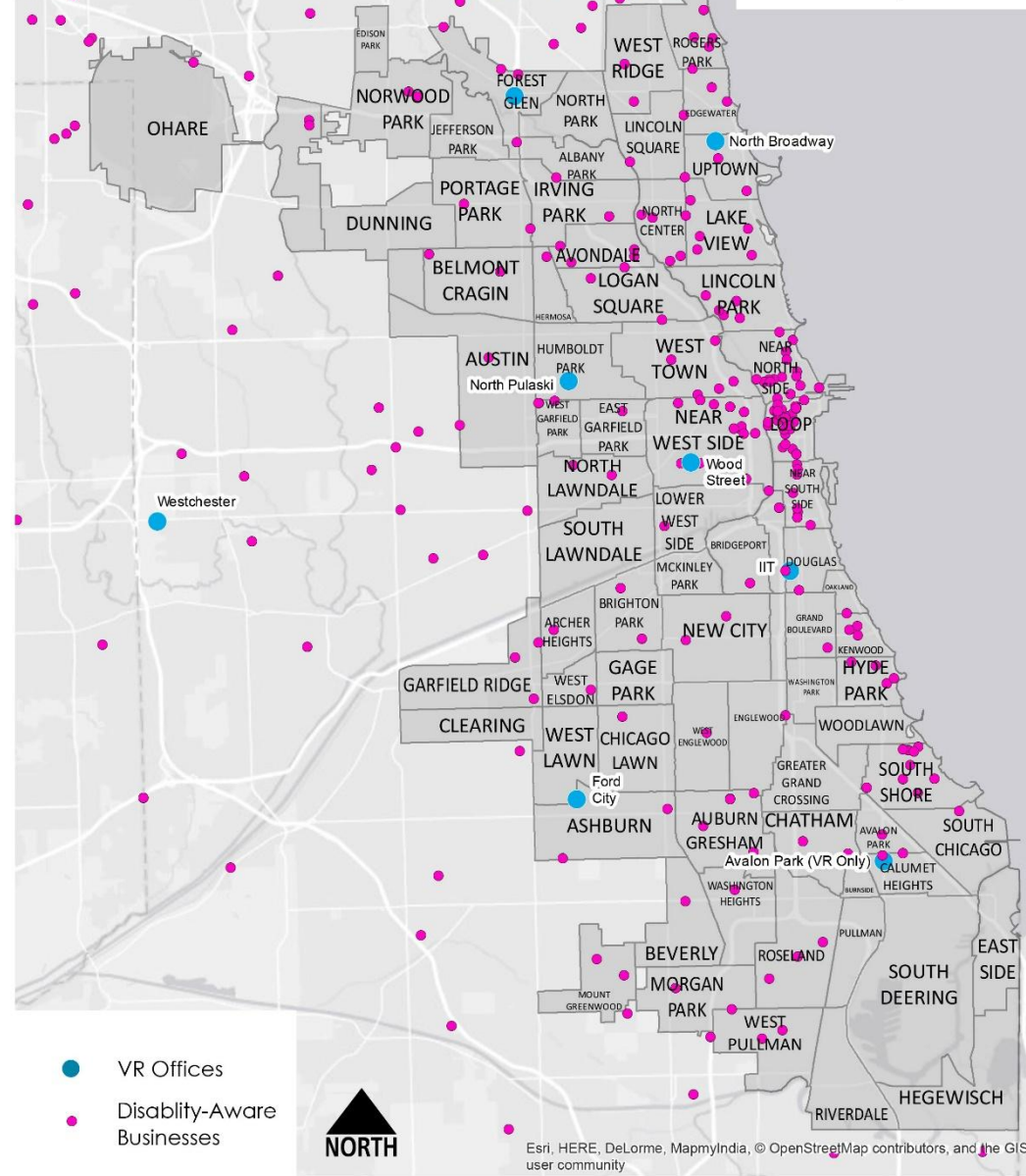


Asian Owned Businesses In Albany Park & Irving Park, Chicago, IL



MAPS OF DISABILITY FRIENDLY BUSINESSES IN COOK COUNTY

Disability-Aware Businesses In Chicago Neighborhoods

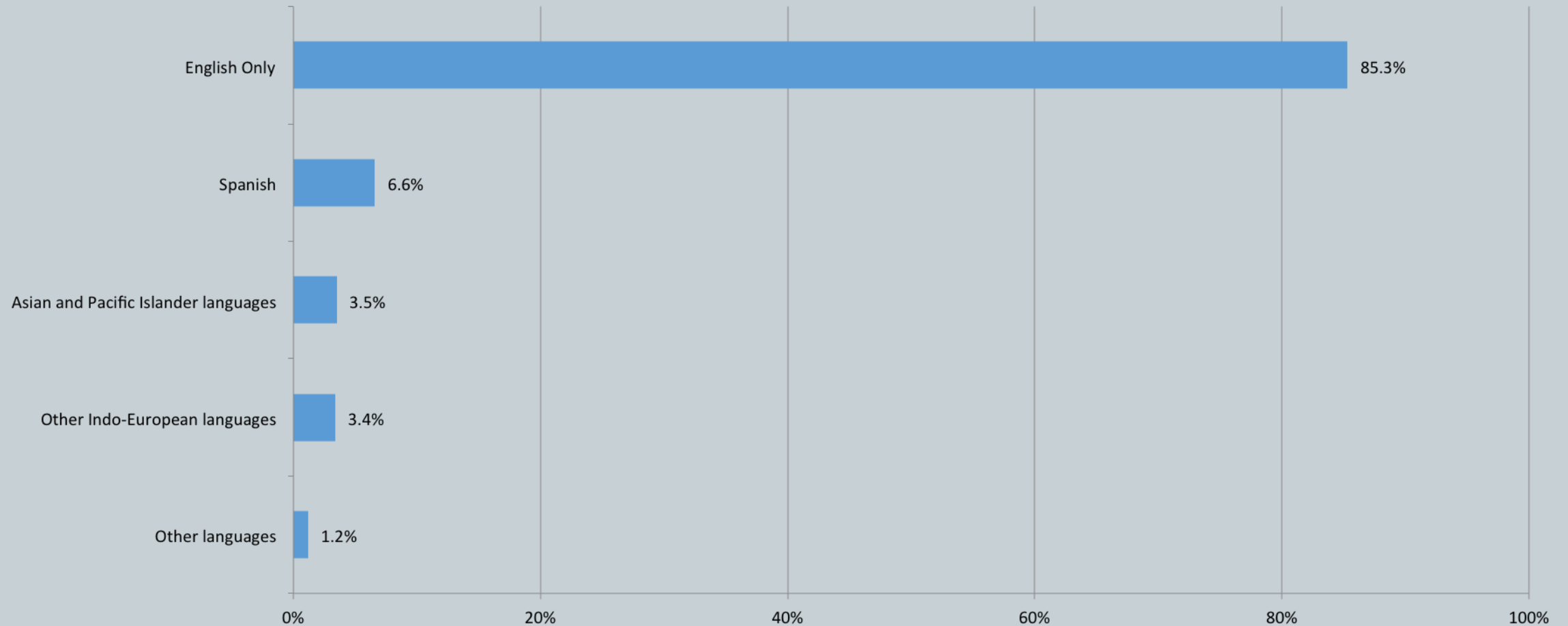


Strategy # 3

Strengthening Language and Linguistic Capacities

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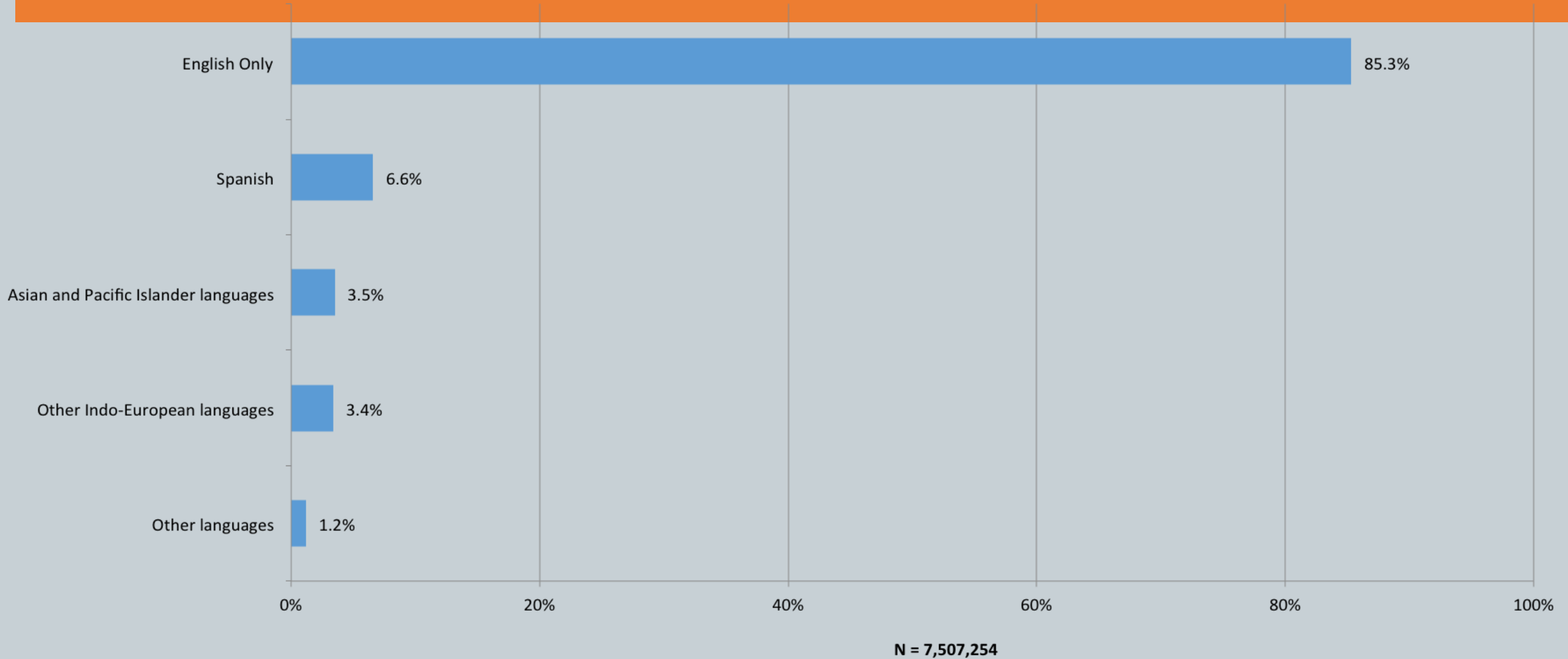
Language Spoken at Home Other than English in VA 2008-2012



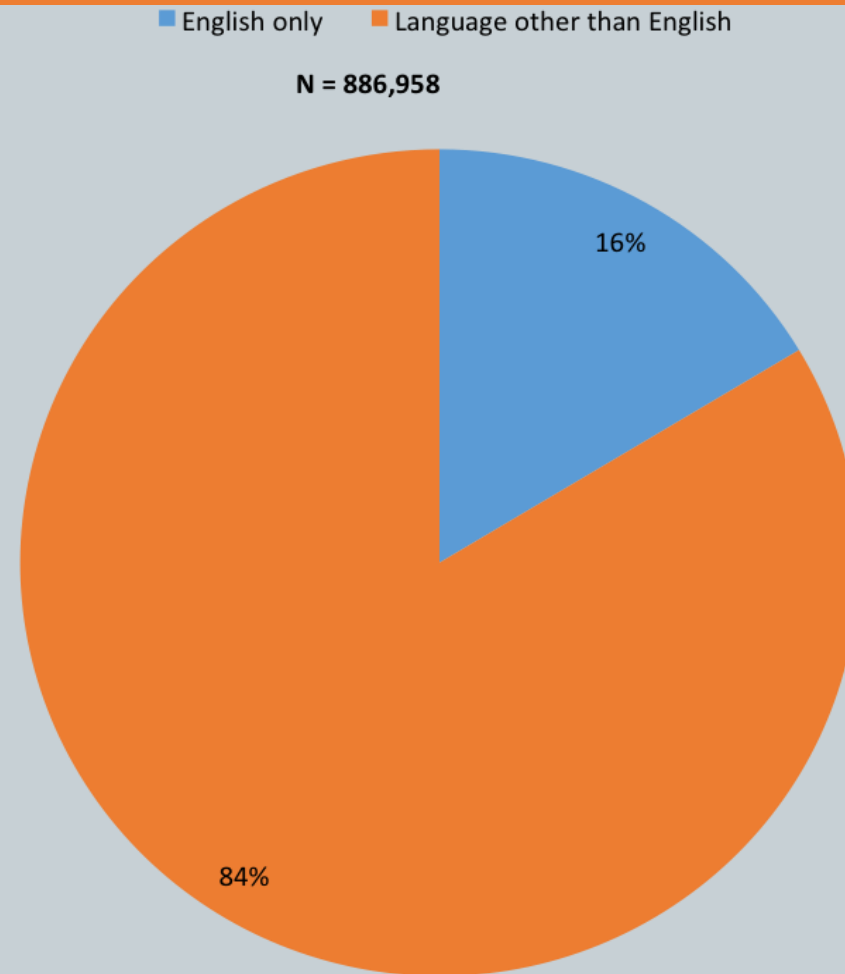
N = 7,507,254

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Language Spoken at Home Other than English in VA, 2008-2012



Foreign Born Populations in VA by Language Spoken, 2008-2012



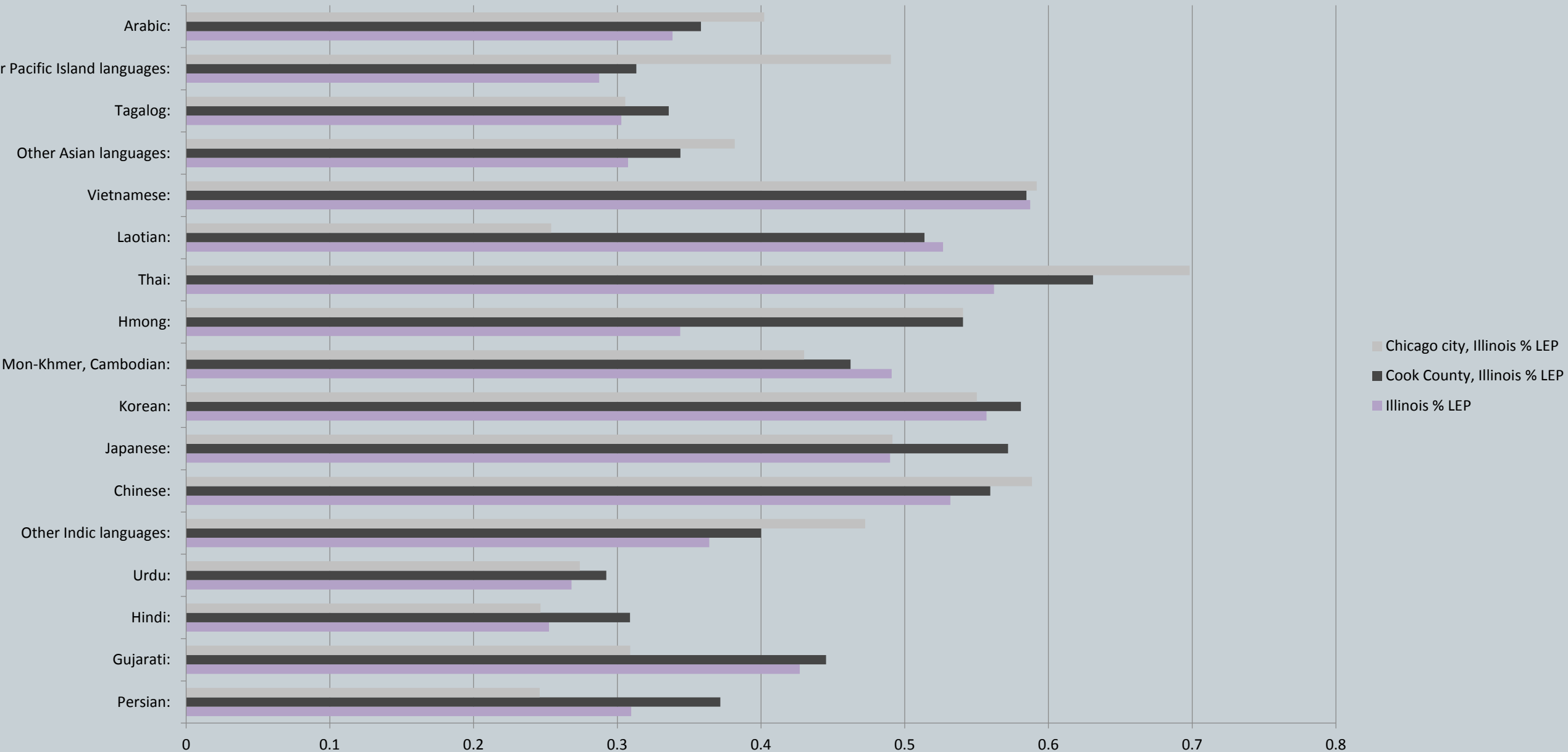
Title VI of the Civil Rights Act of 1964



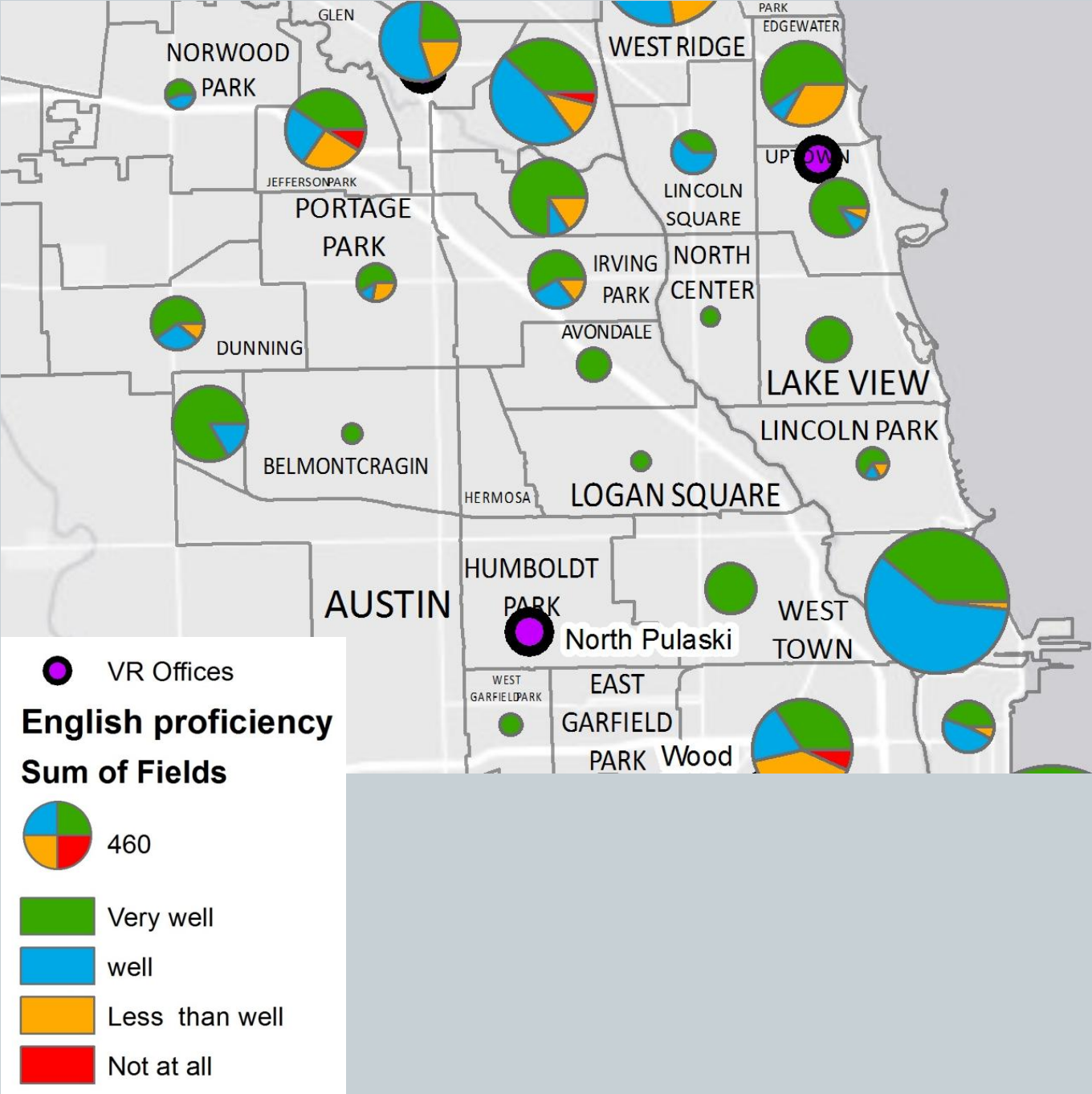
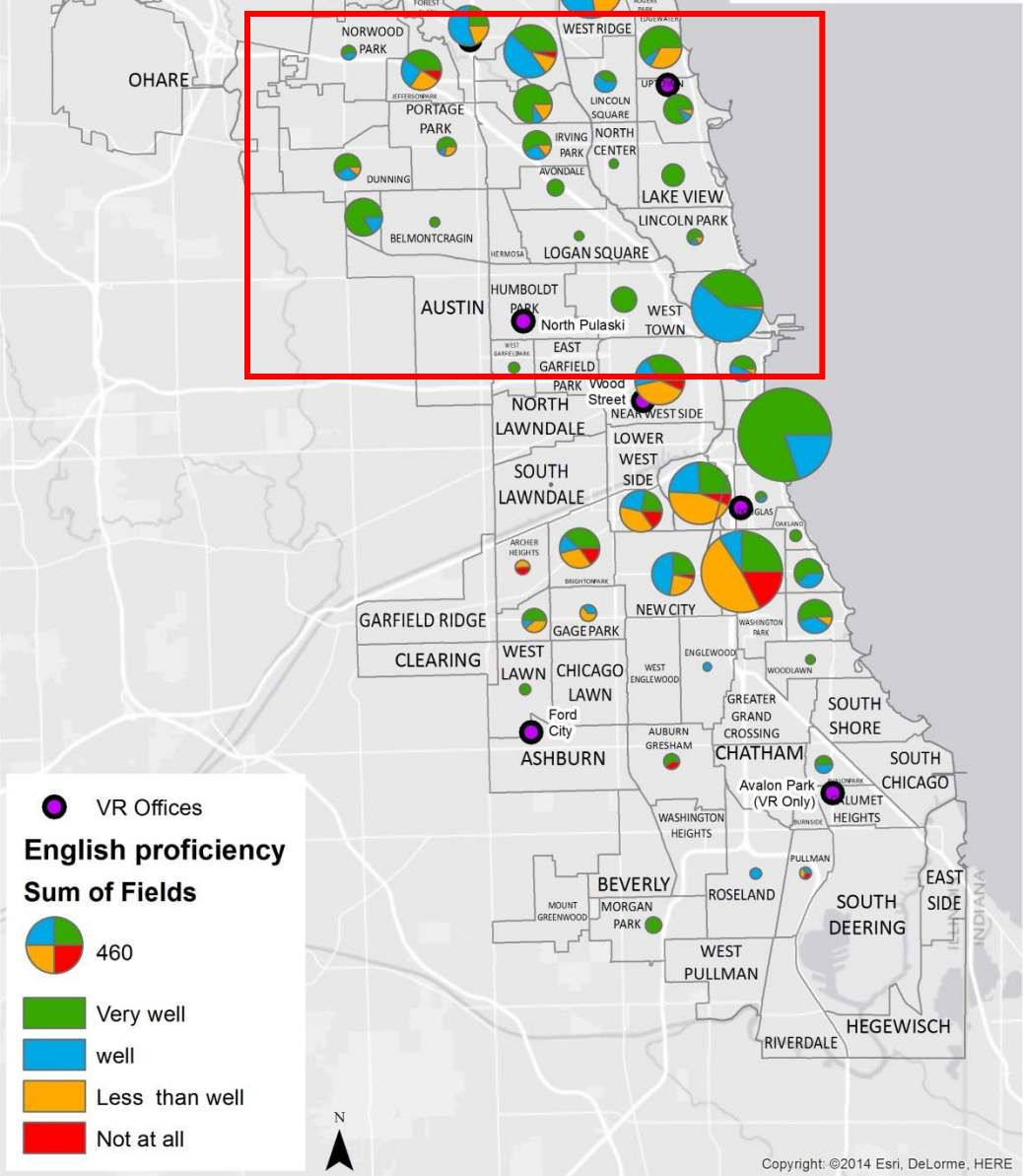
“No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.”

—Civil Rights Act of 1964

Model Spotlight: LEP by Spoken Language



English proficiency for Asian Language Speakers In Chicago Neighborhoods



Developing and Translating a VR Fact Sheet

ADOPT's Language Access Activities:

Translated DRS-VR fact sheets

- 10 languages, 8 of which are Asian

Audio accessible fact sheets

- Pool of volunteers who speak Asian languages

Hindi clip



Tagalog Clip



Languages That 20% or More of Hospitals Encounter Frequently

Spanish	93%
Chinese	47%
Vietnamese	39%
Japanese	37%
Korean	37%
Russian	37%
German	36%
French	31%
Arabic	26%
Italian	26%
Laotian	23%
Hindi	22%
Polish	22%
Tagalog	21%
Thai	20%

How many languages do you encounter ...?

HRET, 2006



<http://cantbelieveitsnotclutter.blogspot.com/2010/07/bable-on.html>

Strategy # 4

Engage with Ethnic, Mainstream, and Social Media Outlets

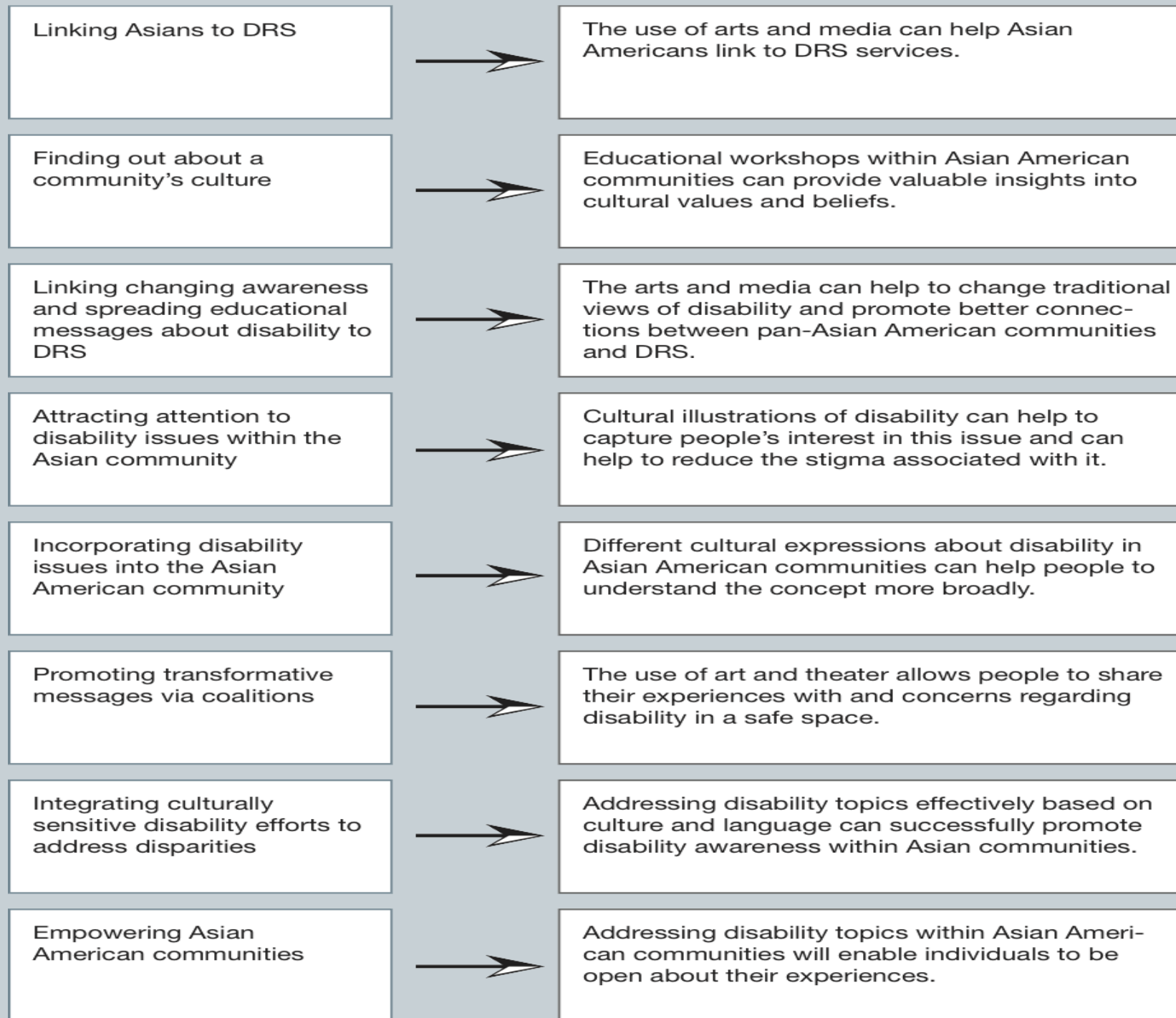
Statistics on Asian Americans' Suicide-Related Outcomes

- Among all Asian Americans, those aged 20 - 24 had the highest suicide rate (12.44 per 100,000).
- Among females from all racial backgrounds between the ages of 65 and 84, Asian Americans had the highest suicide rate.
- Asian American college students were more likely than White American students to have had suicidal thoughts and to attempt suicide.

APA, May, 2014

Raising Awareness through Media, Cultural Arts, and Theater

- Press releases, press conferences, and town hall meetings
- Gaining access to media in a culturally appropriate way
- Raising awareness & gathering personal stories through unconventional methods:
 - The Arts

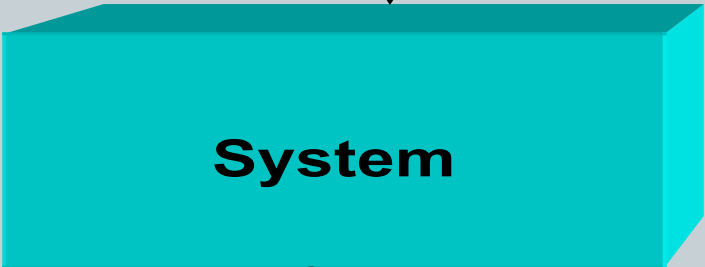
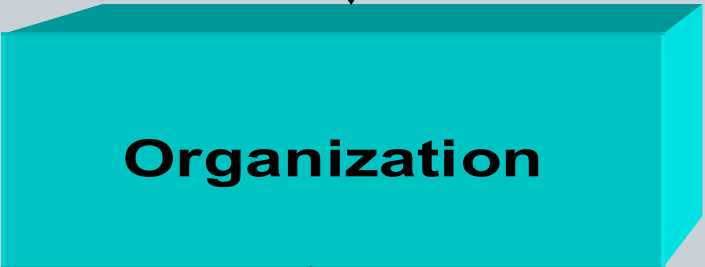
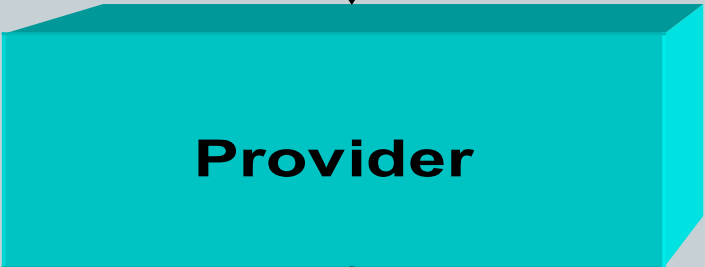
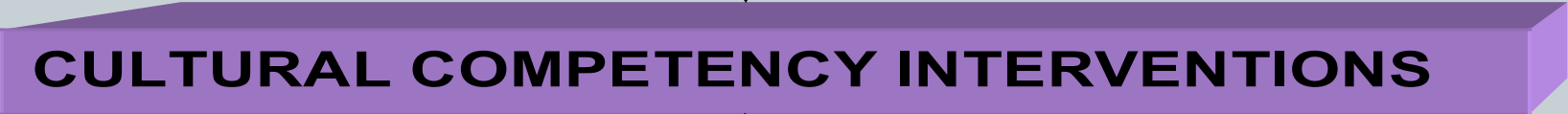


Strategy # 5

Conduct Culturally Informed, Research and Evaluation

|





Spotlight on Data-Driven Initiatives to Address Programmatic and Funding Needs

Critical Need for Evidence of Our Important Work

- Do cultural competency interventions improve quality-of-life outcomes for culturally and linguistically diverse individuals with disabilities?
- If so, for whom and under what conditions do they work?

Strategy #6

Promote Advocacy and Empowerment

|

Grassroots Partnership Development

& Coalition Building

Goal

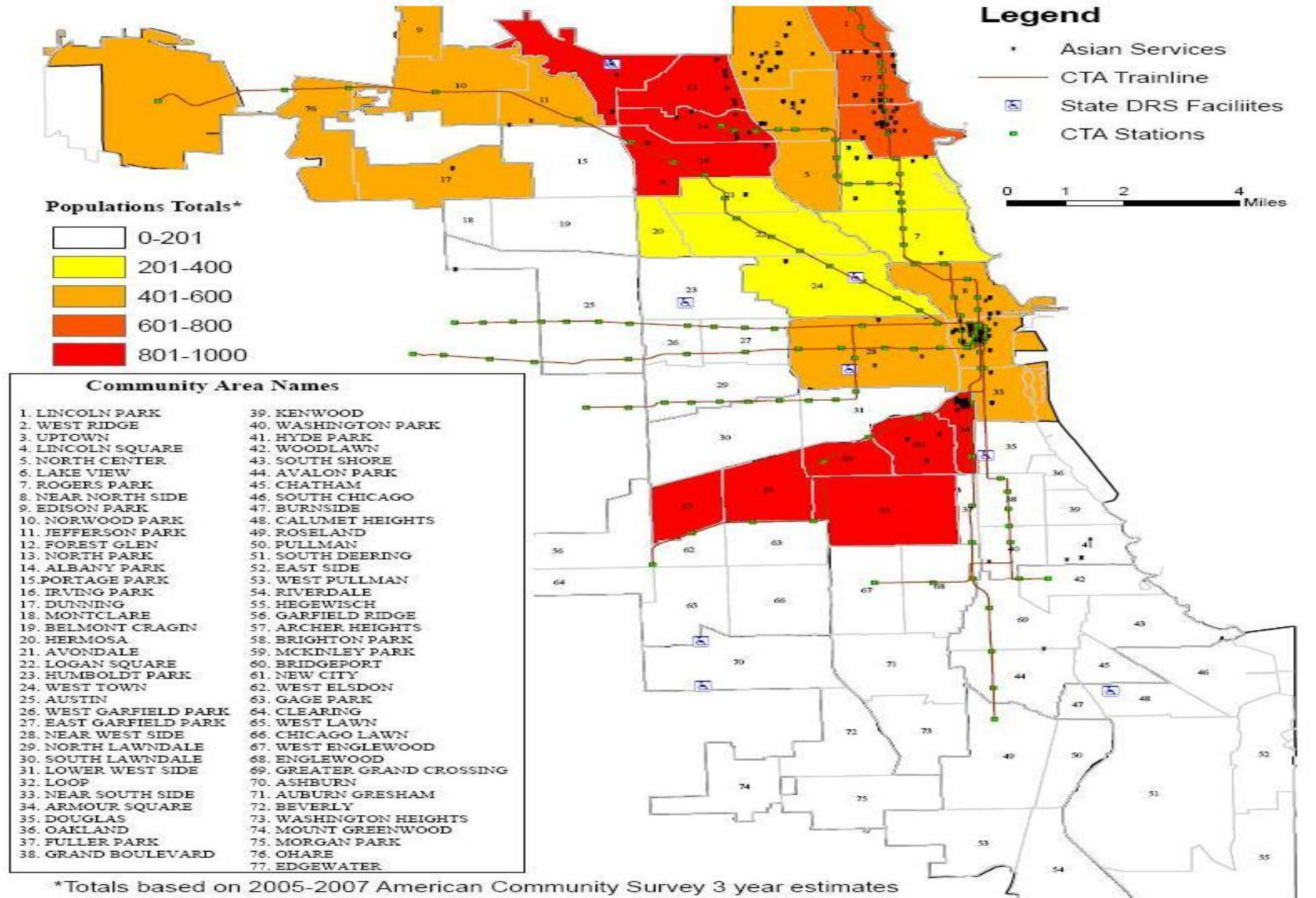
To Connect and To Share

To Strategize and ACT

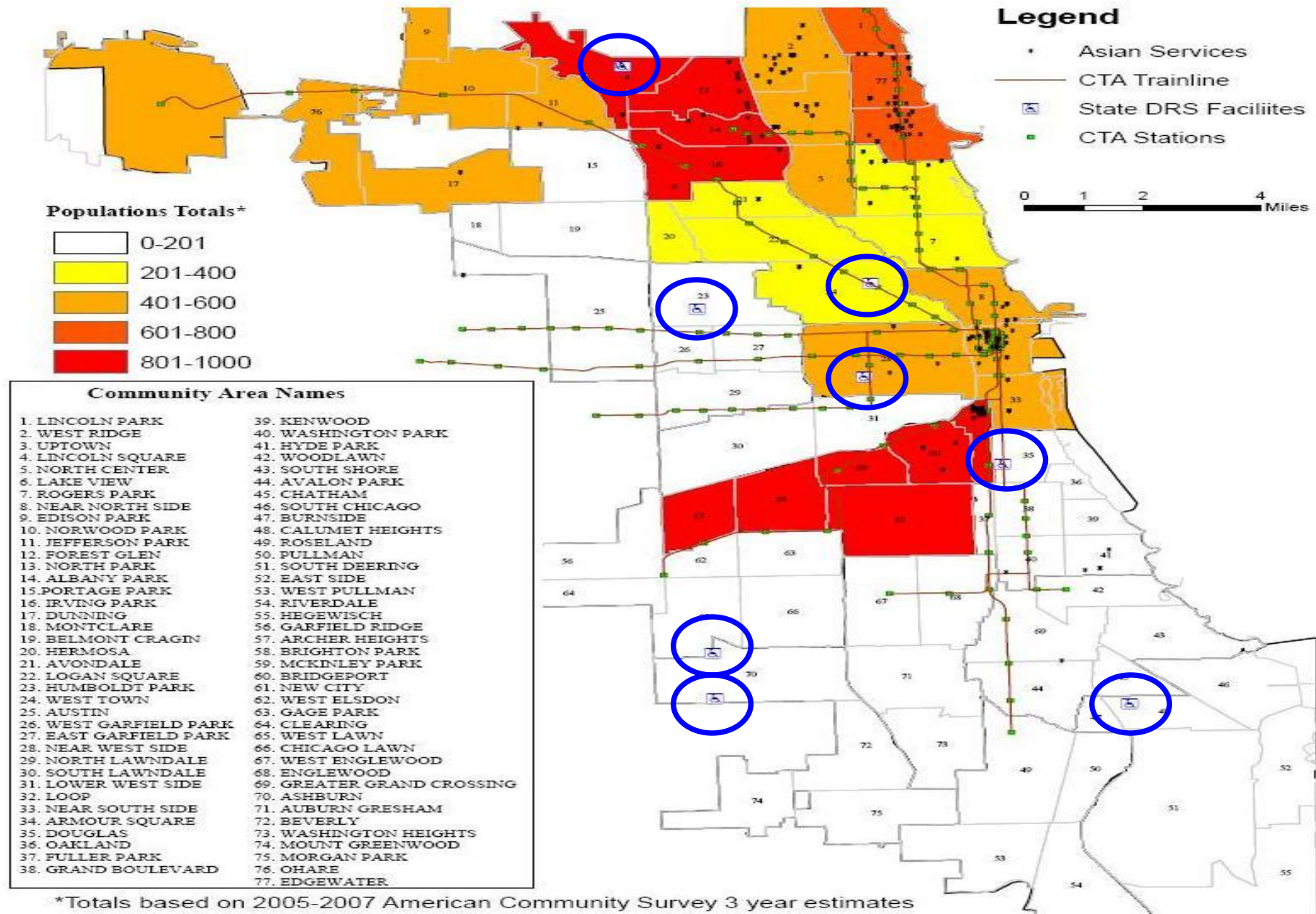
**To Create Inclusive Community-Engaged
Opportunities....**



Chicago Demographics: 2007 Distribution of Asian Residents with Disabilities



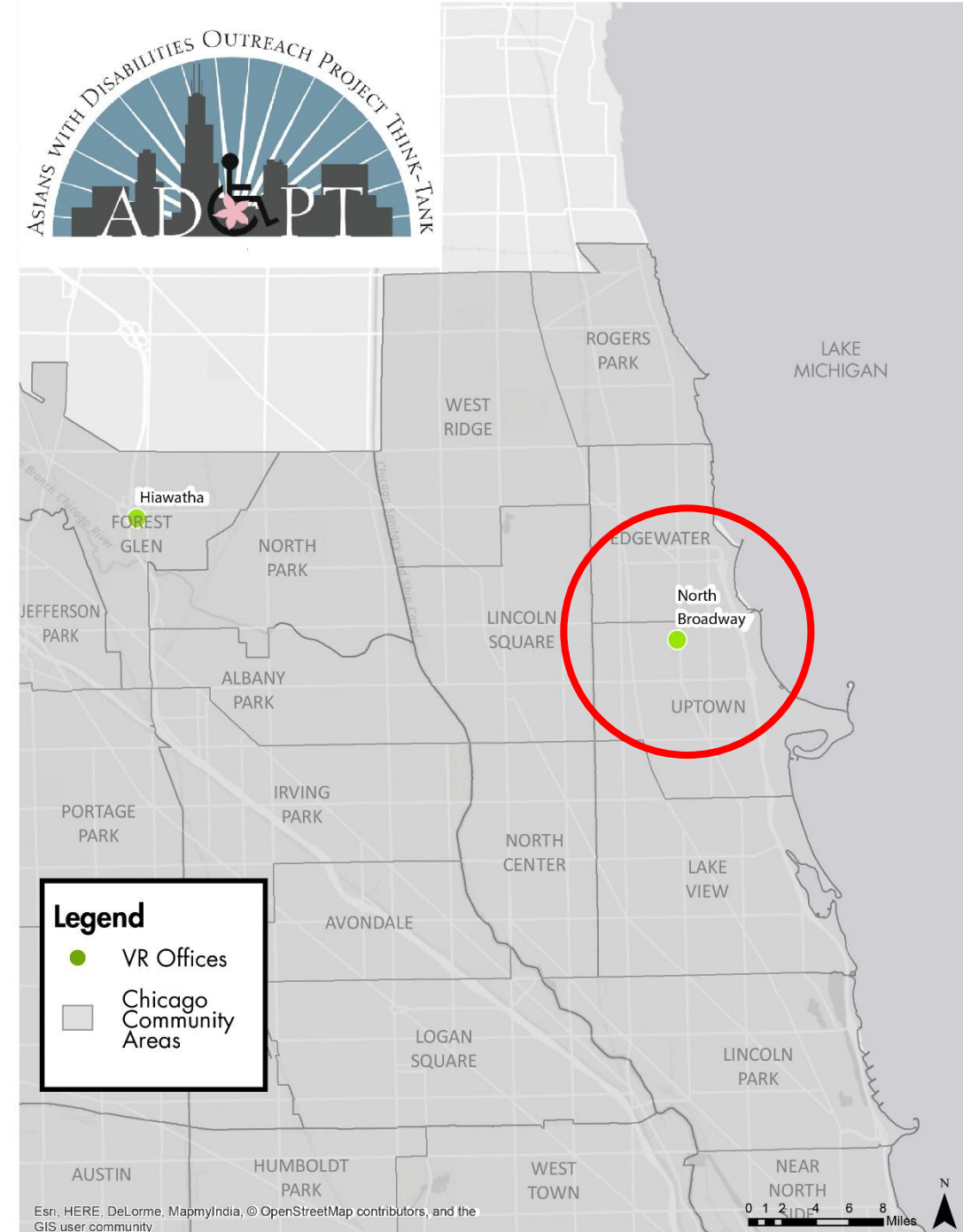
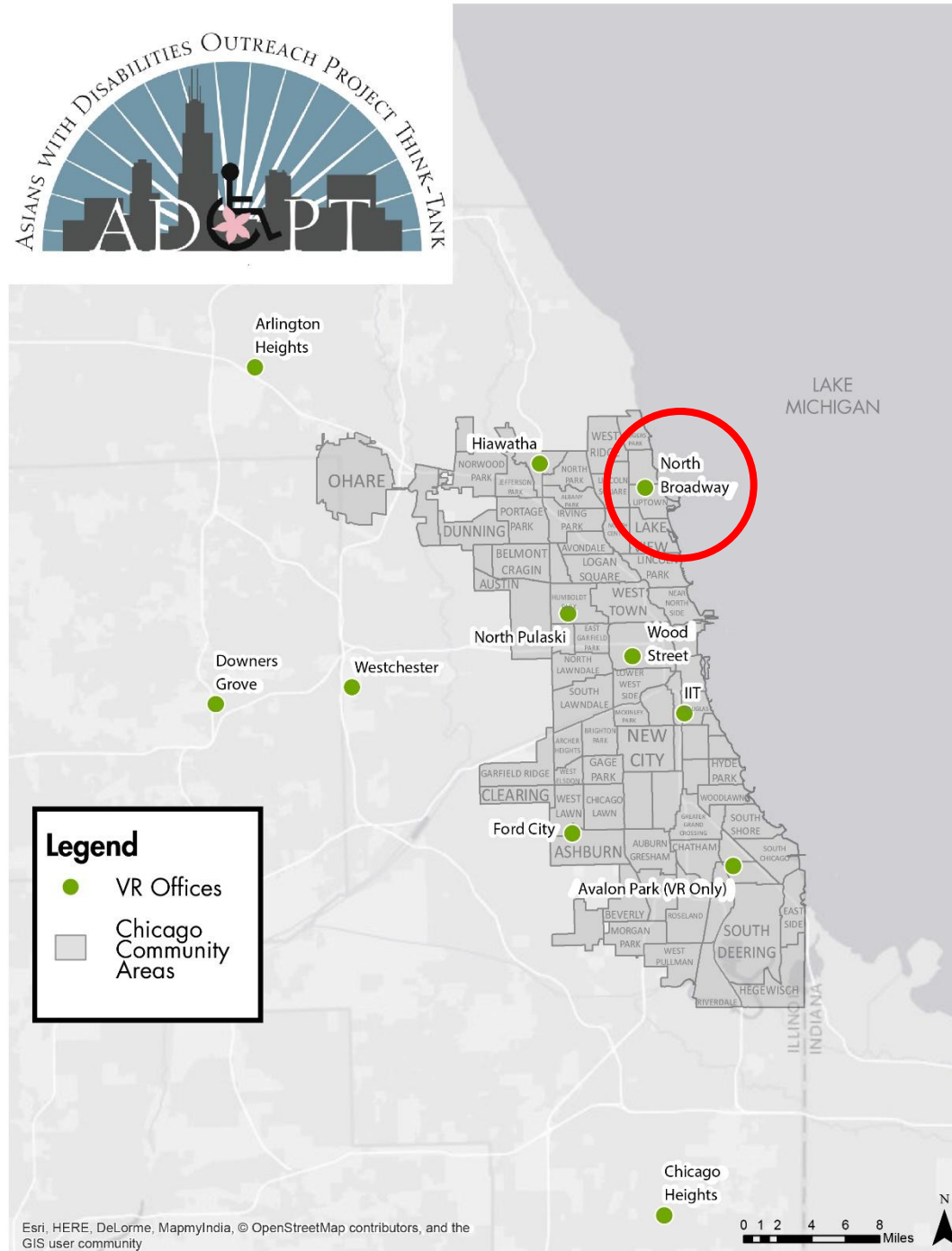
Chicago Demographics: 2007 Distribution of Asian Residents with Disabilities





The Hiawatha office is now the North Broadway Office.

The maps to the right show the new location of the new North Broadway Office.



Model Practice # 7

Offer Culturally and Linguistic Services

|

Important Use of Cultural Competency Strategies Among Providers and Researchers

Cultural Competency Elements Across 8 Studies	<u>100% studies:</u>	Disability/Disease Management Language/linguistic match, bilingual Language/linguistic match via translated written materials Health promotion or disease prevention efforts
	<u>75% studies:</u>	Culturally adapted mental health, rehab or treatment interventions Cultural concepts, values, included in intervention Health literacy or disability literacy
	<u>62.5% studies:</u>	Consultation/collaboration or partnerships w/family, community, or spiritual leaders
	<u>50% studies:</u>	Outreach to ethnically, racially, linguistically & economically diverse communities
	<u>37.5% studies:</u>	Racial/ethnic match of consumer & provider Culturally tailored media tools (videos)
	<u>25% studies:</u>	Immersion in multicultural environment:
	<u>0 studies:</u>	Language/linguistic match via interpreters

Systems Change

**for Greater Cultural Competence
in The Pennsylvania Disability
Service and Support Sector**



Nicholas V. Montalto, Ph.D.
Rooshey Hasnain, Ed.D

A Report to the Pennsylvania Developmental Disabilities Council

Submitted by Diversity Dynamics, LLC, July, 2011

Immigrant Organization

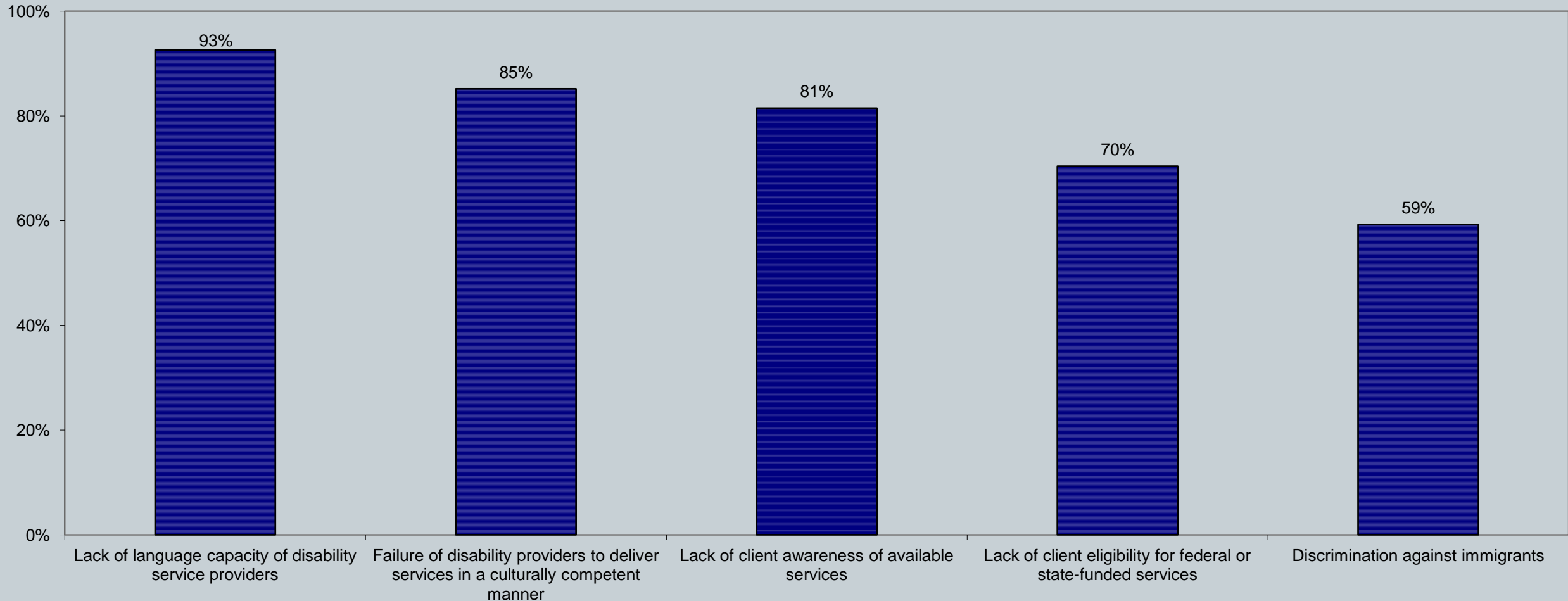
Survey

The survey included:

- 37 organizations that specialize in providing services to minority, immigrant and refugee communities
- Questions asking immigrant providers to identify barriers that prevented underserved groups from obtaining mainstream services
- Respondents could answer survey questions in one of three ways:
 - Major problem
 - Minor problem
 - No problem

Figure 2.1

Percentage of Immigrant Service Professionals who Consider Problem "Major" in Nature



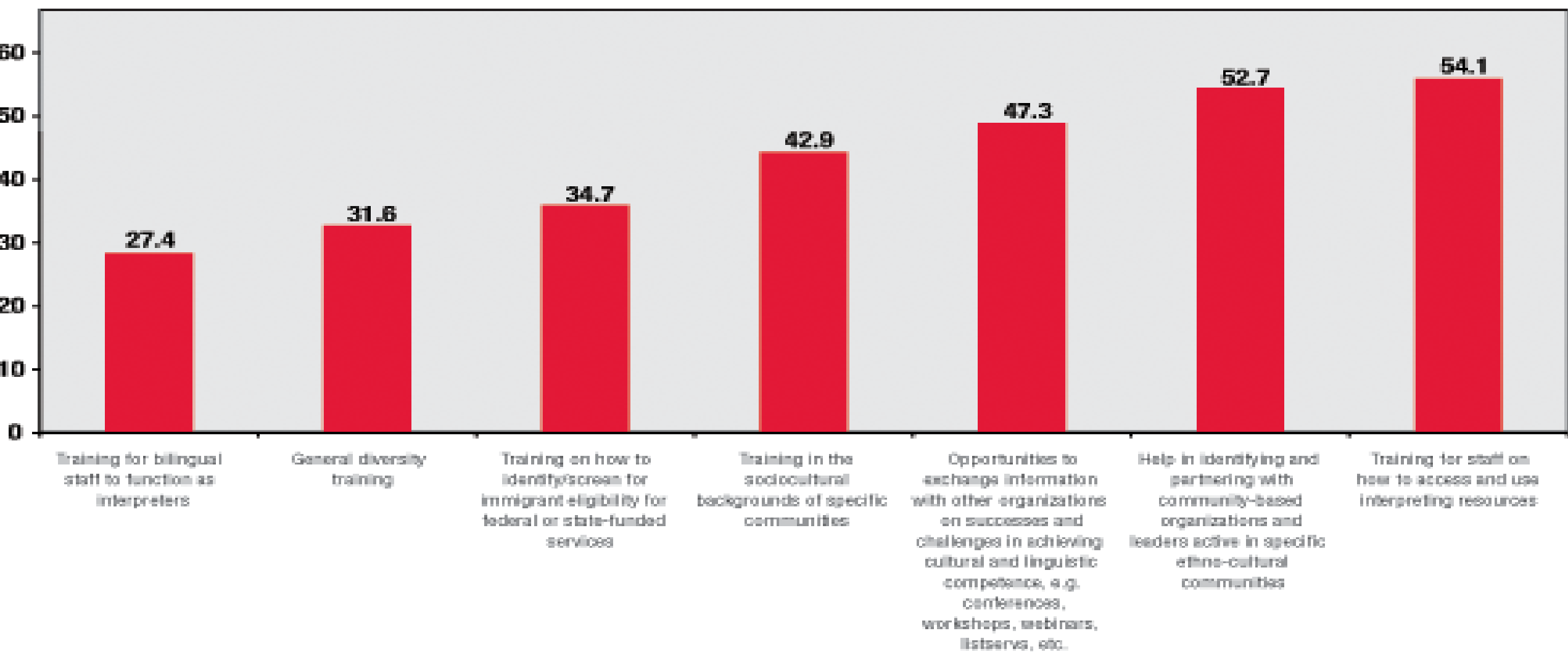
Disability Organization

Survey

This survey included:

- 102 organizations that specialize in providing services to individuals with disabilities
- Disability providers were asked to:
 - Discuss their successful and unsuccessful services in serving diverse ethnic and racial communities
 - To provide suggestions for system improvements
 - Identify different forms of training and areas of technical assistance that would be of “great value”

Figure 3.1 Forms of Training and Technical Assistance Considered "Very Useful" by Disability Service Providers



Model Practice # 8

Develop Grassroots Leadership

|

The Need for Refugee and Immigrant Voices through Story Collection Processes

Why Partner with the Arts

?



*Once upon a
time, there
was.....*

- Accessible
- Safe
- Engaging
- Storytelling



erasing
the DISTANCE
■■■■■■■

presents

Falling Petals

This theatrical event will explore mental illness and disability from a variety of Asian American perspectives, sharing real people's stories of challenges, resiliency, and community. With visual art by Alfred Li Tsao.

WED/TH MARCH 2+3 at 4:00 PM

FRI MARCH 4 at 7:00 PM

At the James Stukel Event Center at UIC
Entrance is at 718 W Rochford Street, Chicago

Tickets are free. Refreshments will be served.

Reservations recommended: RSVP at BrownPaperTickets.com

For disability-related accommodations, please contact the Disability Resource Center UIC two weeks ahead of time by e-mail: disr@uic.edu or by phone: 312-413-2183.

Falling Petals originally premiered in October 2010.

Two of the five stories are new—don't miss this moving event!

www.ErasingTheDistance.org



Sponsored by ADOPT and The Asian American Studies Dept at UIC
ADOPT is supported by funds provided by the Illinois Division of Rehabilitation Services (DRS).

UIC

OUTREACH SPOTLIGHT: ADOPT and Erasing the Distance (ETD) Present: *Falling Petals*

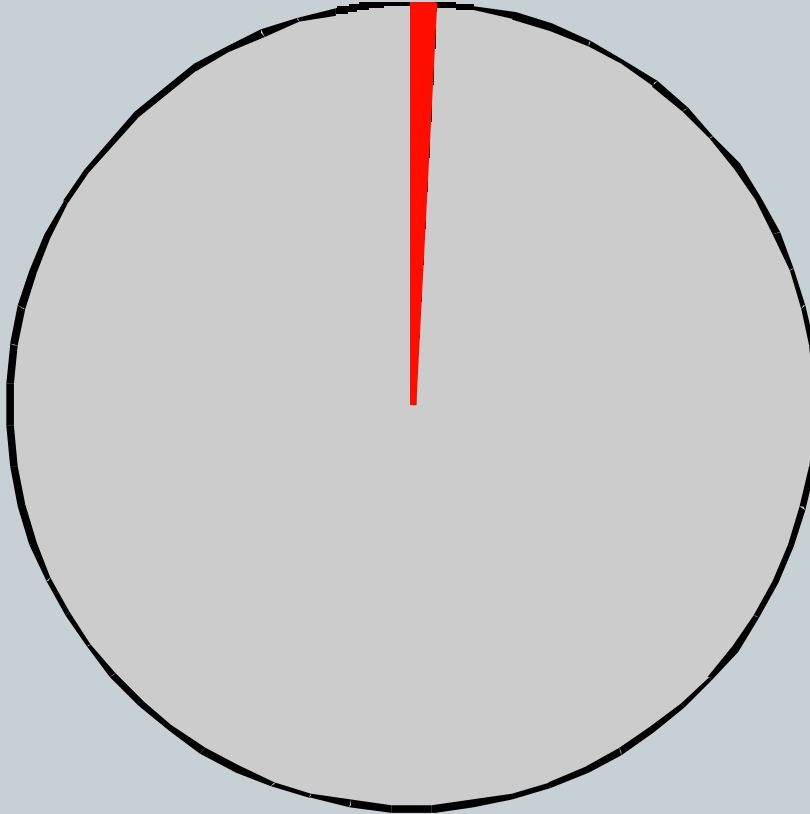
ETD, a Chicago-based theatrical company, uses theater to shed light on mental illness and other disabilities. The company, sponsored by ADOPT and UIC's Asian American Studies Program, presented *Falling Petals* as part of its mission to generate awareness, disarm stigma, and spark dialogue in Asian American communities. This professional theatrical production was based on real people's experiences with mental illness and disability. All were welcome to join the cultural event and tickets were free. (Please see Appendices R, S, T, and U.)

Strategy #9

Mobilize Coalitions and Task Forces

|

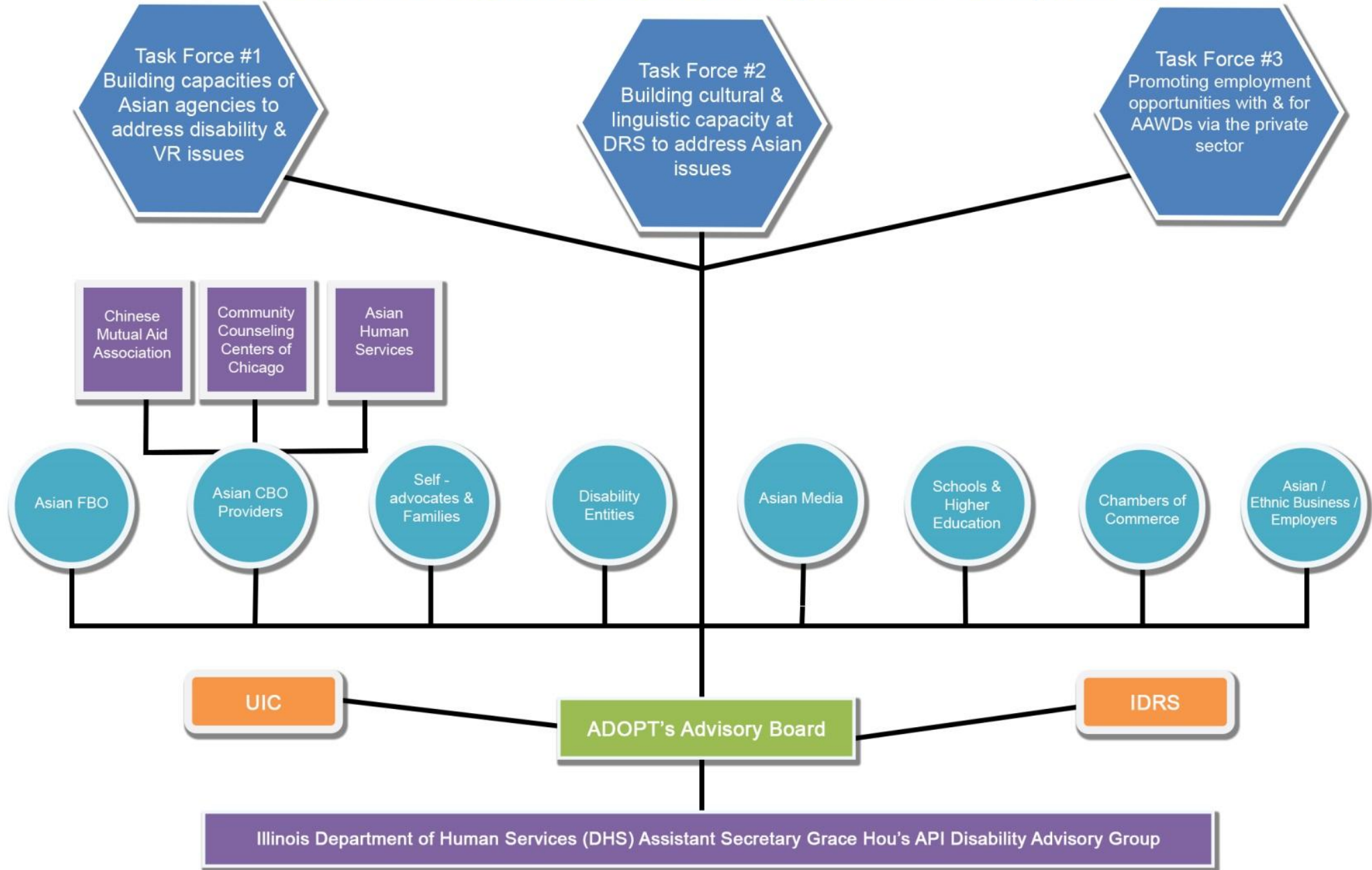
.99%



Percentage of Asian customers served by DRS from 2004 to 2012



Asians with Disabilities Outreach Project Think-Tank (ADOPT)



Strategy # 10

Improve Workforce Diversity

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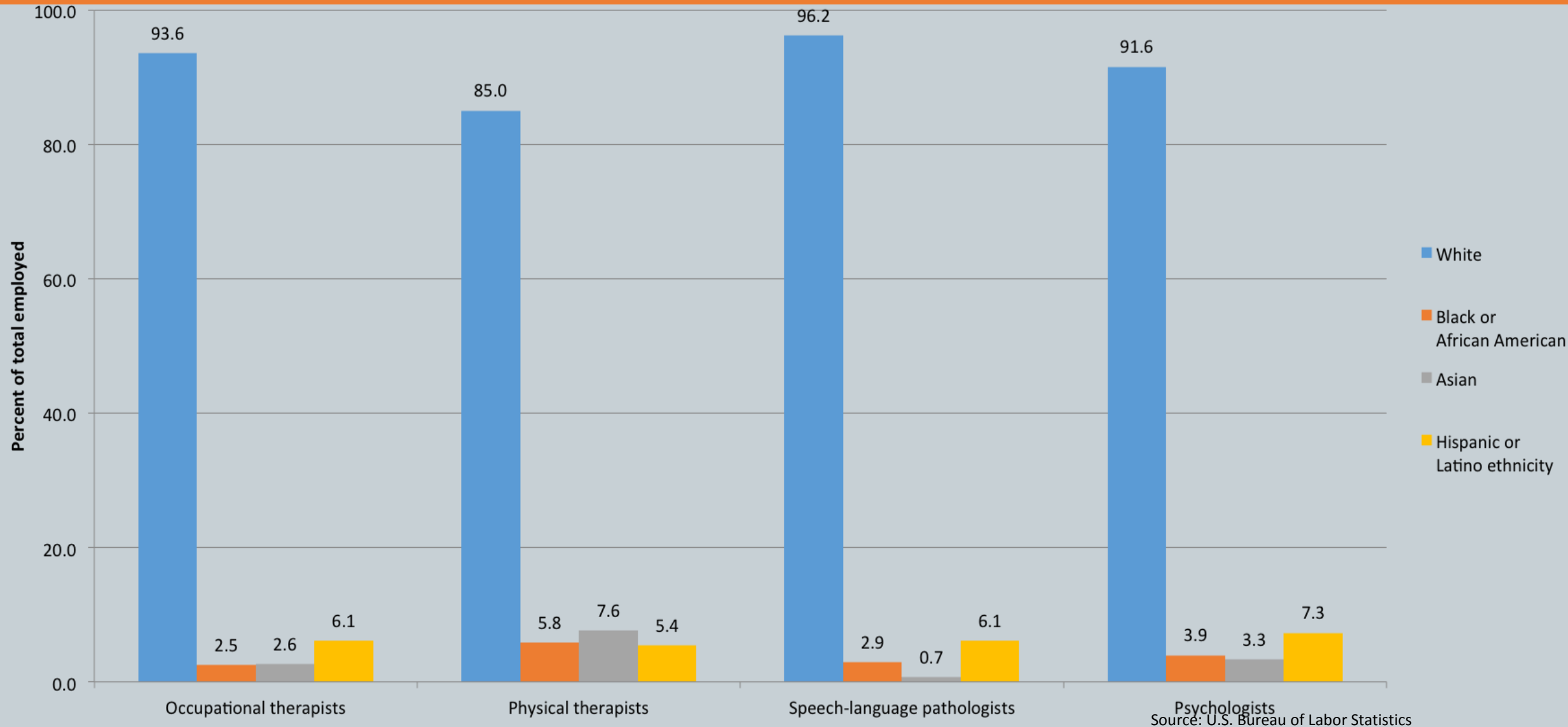
© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



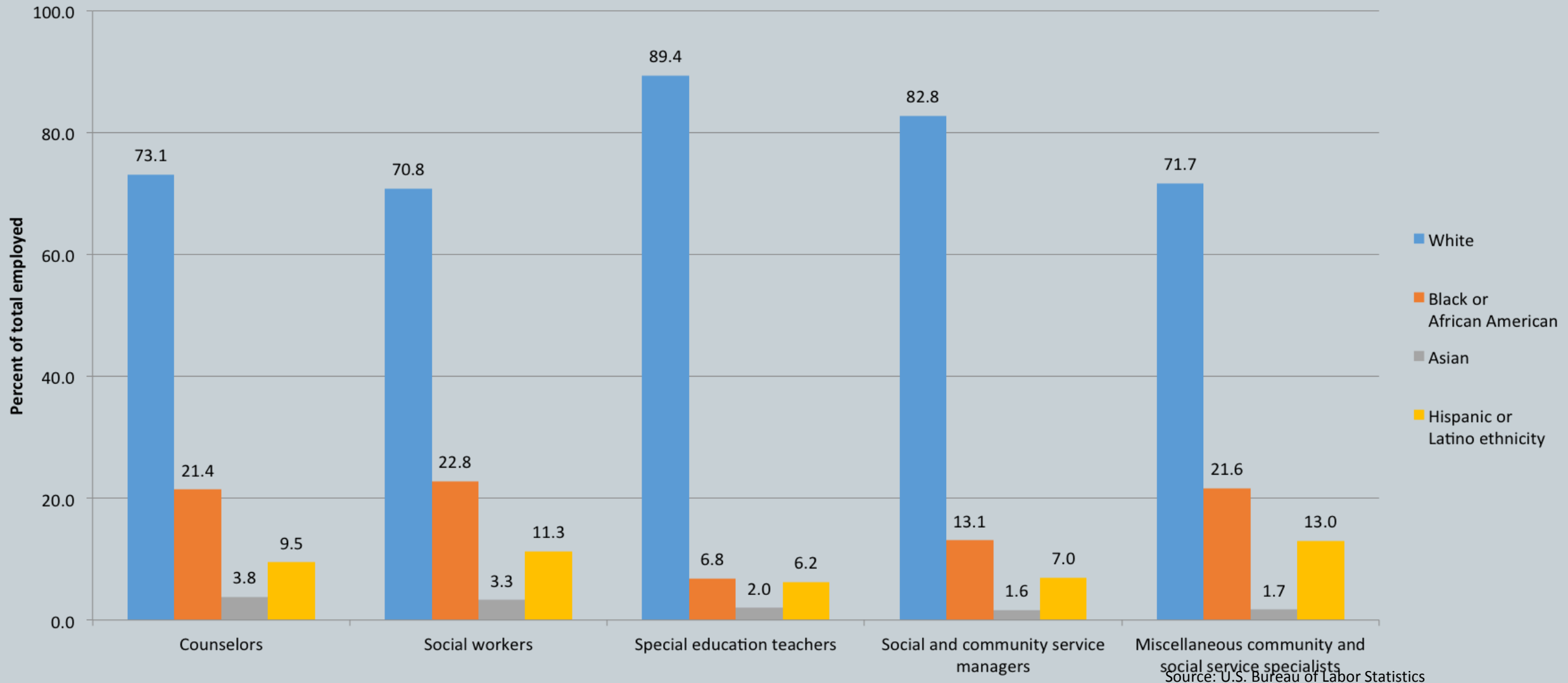
Search ID: hsc0075

"As part of our commitment to cultural diversity, we've hired Ledyard, who has 8 earrings on various portions of his anatomy..."

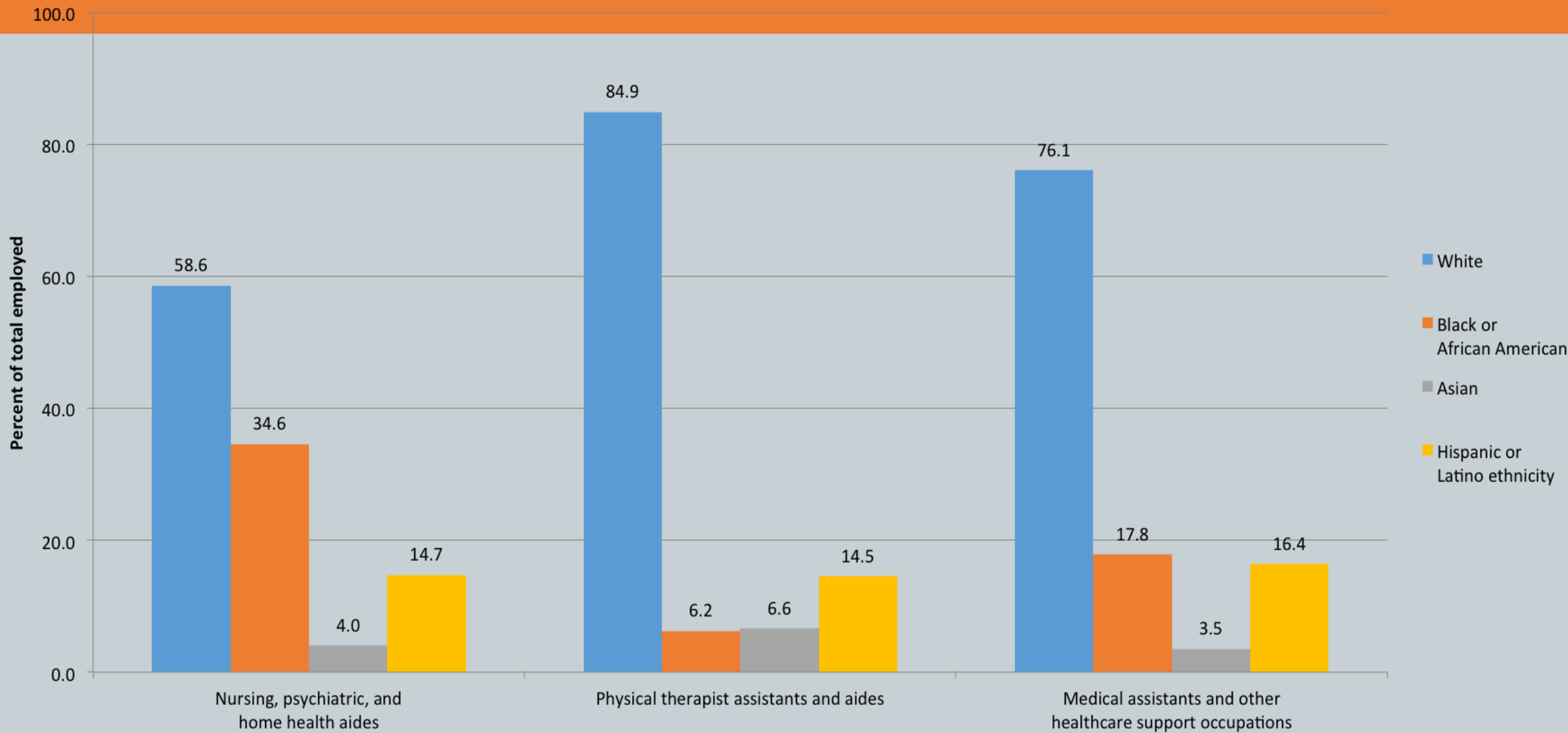
Disability-related Healthcare Occupations by Race, 2010



Disability-related Social Services & Education Occupations by Race, 2010



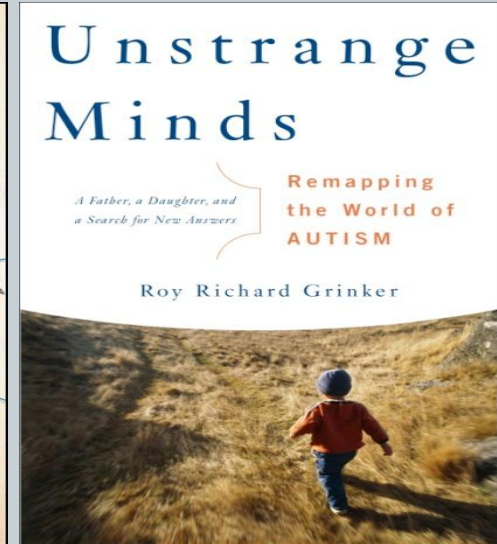
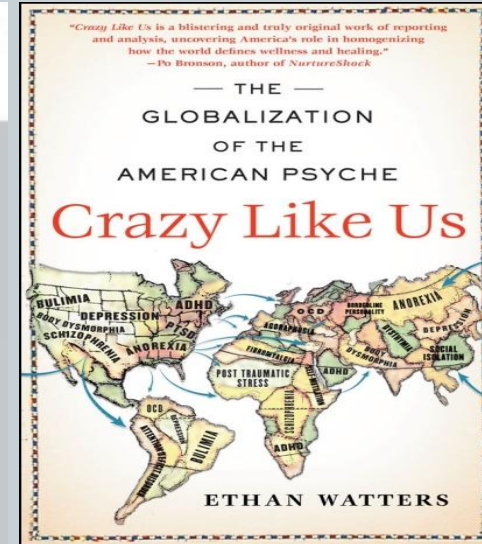
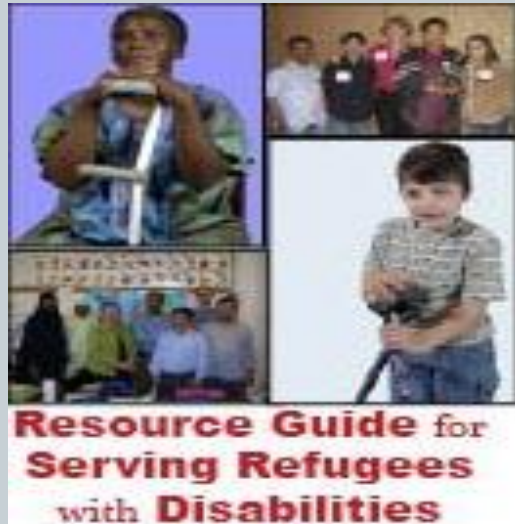
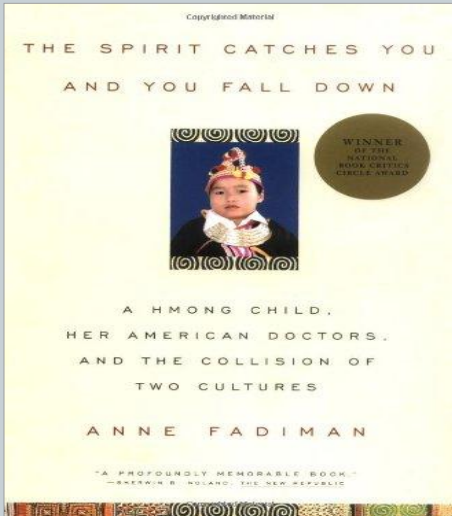
Disability-related Healthcare Support Occupations by Race, 2010



A Key Summary Point:
**Cultural Brokers/Navigators Play a
Significant Role Across
All Sectors and Levels**

Culture Matters!

Some Recent Refugee-Centered Reports and Books



Mental Health: Culture, Race, and Ethnicity A Supplement to **Mental Health: A Report of the Surgeon General** (1999)

A Few Helpful Resources that Promote Effective Outreach

Lift Every Voice: Modernizing Disability Policies and Programs to Serve a Diverse, National Council on Disability, December 1, 1999

What is the difference between a refugee and an immigrant?

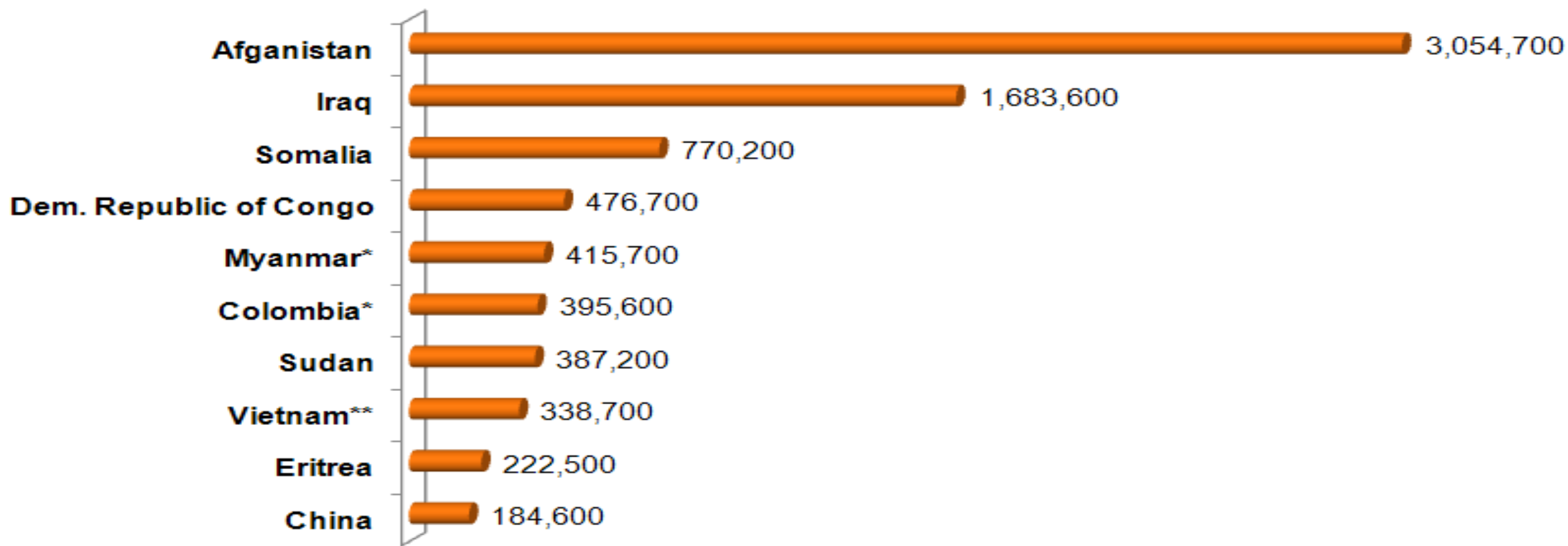


/health/autism.refugee.mom_1_iraqi-refugees-syrian-government-autism?_s=PM:HEALTH

...any person who has involuntarily left his or her country of origin due to persecution or well founded fear or a well-founded fear of persecution, because of his race, religion, nationality, membership in a particular social group or political opinion.

(United Nations High Commissioner for Refugees, 1992)

Top Largest Source Countries of Refugees, End of 2010



The Story of Mr. Kochi

The Role of Culture



Summing Up and Next Steps

Part 1:

Reduce disparities and improve outcomes for people with disabilities through community-based outreach and mobilization activities

Part 2:

Promote collaborative and research-informed service delivery that incorporate the voices of underserved immigrants, refugees, and minorities with disabilities

Part 3:

Nurture community strength and assets through strategic cultural brokering efforts

Next steps:

Building capacities of our organizations to provide culturally-adapted services and supports through the collective use of the ten model strategies.

Thank You

Rooshey Hasnain, Ed.D.

University of Illinois at Chicago (UIC)

Department of Disability and Human Development and Asian American Studies Program

Phone: 312.413-0416 | e-mail: roosheyh@uic.edu

Bridge Sessions